
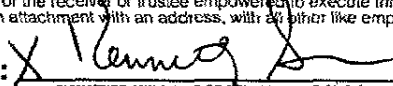


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000041366 1. Entity Name AIRE TECH MECHANICAL SERVICES, INC.			
Principal Place of Business 816 HOWARD TERRACE NORTH WEST WINTER HAVEN, FL 33881		Mailing Address 816 HOWARD TERRACE NORTH WEST WINTER HAVEN, FL 33881	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
<div style="text-align: right;">04122004 No Chg-P CR2E034 (10/03)</div>			
4. FEI Number 59-3713444			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SAMMONS, ROBERT O 1556 SIXTH STREET SE WINTER HAVEN, FL		<h2>DO NOT WRITE IN THIS SPACE</h2>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SASS, KENNETH JAMES 816 HOWARD TERRACE NORTH WEST WINTER HAVEN, FL 33881	<div style="font-family: monospace; font-size: 1.2em;"> U000000128902 04/26/04-80057-020 150.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANFORD, DAVID A 816 HOWARD TERRACE NORTH WEST WINTER HAVEN, FL 33881		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/20/04	865-412-4697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #