


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 347788 1. Entity Name TRADITION CENTRAL AIR, INC.	
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Principal Place of Business 890 34TH ST NW WINTER HAVEN, FL 33881 US	Mailing Address 890 34TH ST NW WINTER HAVEN, FL 33881 US
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DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1261407	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILCOX, DAVID 1201-6TH AVE. W., 4TH FLOOR 308 13TH ST W BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REVELL, TIM 4406 DOLPHIN LANE PALMETTO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REVELL, SUE 4406 DOLPHIN LANE PALMETTO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TURVIN, ED 108 ARIETTA SHORES DR AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRIBBS, BARBARA 208 E LAKE HOWARD DR APT 203 WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/02/04-80010-010 150.00

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-29-04 863 299-2999 <small>Date Daytime Phone #</small>
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