2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 419536

Address:

City-St-Zip:

FILED Aug 24, 2004 Secretary of State

Entity Name: ISLAND AIRE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5651 HALIFAX AVE UNIT 6 FORT MYERS, FL 33912 **New Mailing Address: Current Mailing Address:** 5651 HALIFAX AVE UNIT 6 FORT MYERS, FL 33912 FEI Number: 59-1448492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRANT, WILLIAM C. 5651 HÁLIFAX AVE UNIT 6 FORT MYERS, FL 33912 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GRANT, WILIAM C., PARKIN, STEPHEN E Name: Name: 5651 HALIFAX AVE #6 9796 GLADIOULUS BULB LOOP Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: BABB, BYRON D 1063 SE 20TH PLACE Address: Address: CAPE CORAL, FL 33990 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition BABB, TODD A Name: Name: 15590 OCEAN WALK CR. #307 Address Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33908 Title: () Delete Title: () Change (X) Addition WINDHAM, JAMES H IV Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1142 EBONY ST. E

LEHIGH ACRES, FL 33936

SIGNATURE: BYRON BABB VP 08/24/2004