

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 437960 1. Entity Name PALM BEACH AQUA AIR, INC.	
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Principal Place of Business 435 NORTHWOOD ROAD WEST PALM BEACH FL 33407	Mailing Address 435 NORTHWOOD ROAD WEST PALM BEACH FL 33407
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2. Principal Place of Business SAME Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-1487462	Applied For <input type="checkbox"/> 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 J.D. NALL CO., INC. 1050 E. 9TH STREET HIALEAH FL 33010	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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B. 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NALL, JAMES D. 6790 SW 99 AVE MIAMI FL SAME	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000039148 02/06/04-80166-021 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VM TURNER, STEPHEN 6411 LAKE CLARK DRIVE WEST PALM BEACH FL SAME	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NALL, MARILYN J. 6790 SW 99 AVENUE MIAMI FL SAME	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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)(i), 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  01-28-04 561 832 8820