2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 490147

Entity Name: JOHNSON AIR SERVICE, INC.

FILED Aug 11, 2004 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

INDIAN WATERWAYS 3 SNAPPER AVENUE

PLANTATION KEY, P.O. BX 792 KEY LARGO, FL 33037 US TAVERNIER, FL 33070 US

Current Mailing Address: New Mailing Address:

INDIAN WATERWAYS 3 SNAPPER AVENUE

PLANTATION KEY, P.O. BX 792 KEY LARGO, FL 33037 US TAVERNIER, FL 33070 US

FEI Number: 59-1633687 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:

JOHNSON, GARY L

556 BONITO AVE

TAVERNIER, FL 33070 US

ROSS BLOODWORTH

3 SNAPPER AVENUE

KEY LARGO, FL 33037 US

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: ROSS BLOODWORTH 08/11/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PSTD (X) Change () Addition

 Name:
 JOHNSON, GARY L
 Name:
 BLOODWORTH, ROSS

 Address:
 556 BONITO AVE
 Address:
 3 SNAPPER AVENUE

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:
 KEY LARGO, FL 33037

Title: V (X) Delete Title: () Change () Addition

 Name:
 JOHNSON, SARA ANN
 Name:

 Address:
 556 BONITO AVE
 Address:

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 JOHNSON, GERALD L
 Name:

 Address:
 556 BONITO AVE
 Address:

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 JOHNSON, GARY II
 Name:

 Address:
 556 BONITO AVE
 Address:

 City-St-Zip:
 TAVERNIER, FL 33070
 City-St-Zip:

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.

SIGNATURE: ROSS BLOODWORTH PRES 08/11/2004