

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 507867 1. Entity Name PARK AIR, INC.		
Principal Place of Business 728 CHEROKEE CIR SANFORD, FL 32773 US		Mailing Address P. O. BOX 951588 N/A LAKE MARY, FL 32795-1588 US
DO NOT WRITE IN THIS SPACE		 04212004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1681311 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FLETTER, FRANZ R 728 CHEROKEE CIRC SANFORD, FL 32771		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (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. ☐ \$5.00 May Be Added to Fees U000000125932 04/23/04-80013-020 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FLETTER, FRANZ R 728 CHEROKEE CIRC SANFORD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FLETTER, SHIRLEY F. 728 CHEROKEE CIRC SANFORD, FL	
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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: <i>Shirley F. Fletcher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Shirley F. Fletcher</i> 4-22-04 407-628-4254 Date Daytime Phone #