2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# F64810

Entity Name: AIR MECHANICAL & SERVICE CORP.

Current Principal Place of Business:

4311 W. IDA ST.
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4311 W. IDA ST.
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-2158902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BYERS, LINDSAY W.
3178 PALMIRA STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

BYERS, LINDSAY W.
4311 W. IDA STREET
TAMPA, FL 33614 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: LINDSAY W. BYERS 01/06/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	JOHNSON, BRUCE	
Address:	317 PHOENIX AVENUE	
City-St-Zip:	DAYTONA BEACH, FL 32118	
Title:	V	( ) Delete
Name:	SPAW, HAROLD T.,	
Address:	2806 W. SITKA	
City-St-Zip:	TAMPA, FL	
Title:	V	( ) Delete
Name:	WILDER, ROBERT,	
Address:	3204 W COACHMAN AVENUE	
City-St-Zip:	TAMPA, FL 33611	
Title:	PD	( ) Delete
Name:	BYERS, LINDSAY W	
Address:	3718 PALMIRA ST	
City-St-Zip:	TAMPA, FL 33629	
Title:	STD	( ) Delete
Name:	BYERS, JOHN L.	
Address:	2535 TENNESSEE AVENUE	
City-St-Zip:	TAMPA, FL 33629	
Title:	V	( ) Delete
Name:	CONNELLY, NEIL	
Address:	16530 FORESTLAKE DRIVE	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	V	(X) Change ( ) Addition
Name:	JOHNSON, BRUCE	
Address:	120 SPRINGWOOD DRIVE	
City-St-Zip:	DAYTONA BEACH, FL 32119	
Title:	V	(X) Change ( ) Addition
Name:	SPAW, HAROLD T.,	
Address:	2806 W. SITKA STREET	
City-St-Zip:	TAMPA, FL 33614	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	BYERS, LINDSAY W	
Address:	10069 GULF BLVD.	
City-St-Zip:	TREASURE ISLAND, FL 33607	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: LINDSAY W. BYERS PD 01/06/2004
Electronic Signature of Signing Officer or Director Date