


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90165 034 ***150.00

DOCUMENT # F77417	
1. Entity Name AIR POWER PLUS, INC.	

Principal Place of Business 6060 S PINE AVE OCALA FL 34480 US	Mailing Address 6060 S PINE AVE OCALA FL 34480 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2179695	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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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent WARREN, WILLIAM H, SR 6060 S PINE AVE OCALA FL 34480	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
T NAME: PHILLIPS, L L STREET ADDRESS: 5145 N.E. 7TH PLACE CITY-ST-ZIP: Ocala, FL 00000	<input type="checkbox"/> Delete
S NAME: WARREN, SANDRA C. STREET ADDRESS: 5775 SE 46TH TERRACE CITY-ST-ZIP: Ocala FL	<input type="checkbox"/> Delete
VP NAME: FIDUK, JOHN A STREET ADDRESS: 314 SE 54TH COURT CITY-ST-ZIP: Ocala FL 34471	<input checked="" type="checkbox"/> Delete
P NAME: WARREN, WM H SR STREET ADDRESS: 5775 SE 46TH TERRACE CITY-ST-ZIP: Ocala, FL 00000	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William H. Warren* WILLIAM H. WARREN 4/26/04 352-351-3020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #