

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1
FILED

Apr 27, 2005 08:00 AM
Secretary of State

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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-2179695** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **WARREN, WILLIAM H, SR**
6060 S PINE AVE
OCALA FL 34480

7. Name and Address of New Registered Agent: Name: _____ Street Address: _____ 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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, L L	
STREET ADDRESS	5145 N.E. 7TH PLACE	
CITY- ST- ZIP	OCALA, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARREN, SANDRA C.	
STREET ADDRESS	5775 SE 46TH TERRACE	
CITY- ST- ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARREN, WM H SR	
STREET ADDRESS	5775 SE 46TH TERRACE	
CITY- ST- ZIP	OCALA, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000334799	
STREET ADDRESS	04/27/05-80060-008	
CITY- ST- ZIP	150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William H. Warren* **WILLIAM H WARREN PRES. 4/26/05 352-351-3020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR