


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F89264
 1. Entity Name
 GA-TER-AIR, INC.



Principal Place of Business
 306 SOUTH SPRING GARDEN AVENUE
 DELAND, FL 32720

Mailing Address
 306 SOUTH SPRING GARDEN AVENUE
 DELAND, FL 32720



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2202642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSTERHOUT, GARY R.
 306 SOUTH SPRING GARDEN AVENUE
 DELAND, FL 32720

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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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD OSTERHOUT, SUSAN 1933 LADYBUG LANE DELAND, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD OSTERHOUT, GARY R. 1933 LADY BUG LANE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OSTERHOUT, JESSICA M 1933 LADYBUG LANE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD OSTERHOUT, JACOB R 1933 LADY BUG LANE DELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *[Signature]* **4-28-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #