
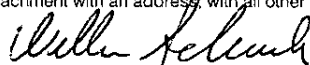


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90047 040 ***150.00

DOCUMENT # F98000001490 1. Entity Name NATIONAIR INSURANCE AGENCIES, INC.					
Principal Place of Business 18380 EDISON AVENUE CHESTERFIELD, MO 63005			Mailing Address 18380 EDISON AVENUE CHESTERFIELD, MO 63005		
2. Principal Place of Business 595 Bell Avenue Suite, Apt. #, etc.		3. Mailing Address 595 Bell Avenue Suite, Apt. #, etc.			
City & State Chesterfield MO		City & State Chesterfield MO		4. FEI Number 43-1188120	
Zip 63005		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORELL, PETER 700 S. BABCOCK ST. MELBOURNE, FL 32901				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			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUER, JEFFREY 7625 85TH STREET BLOOMINGTON, MN 55438 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1525 Kautz Road - Suite 1300 West Chicago, IL 60185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHROEDER, WILLIAM 18380 EDISON AVENUE CHESTERFIELD, MO <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 595 Bell Avenue Chesterfield, MO 63005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, HAROLD E GENERAL AVIATION BLDG, MUN AIRPORT LINCOLN, NE <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3431 Aviation Road - Suite 140 Lincoln, NE 68524	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Schroeder			3/17/04 636 532 8801		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		