


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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| DOCUMENT # F99000002731 1. Entity Name AIR NOW, INC. |  |
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| Principal Place of Business 2331 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 | Mailing Address 2331 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 |
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0921718 | 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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| 6. Name and Address of Current Registered Agent EMRICK, JOHN M 2331 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000140998
04/29/04 00184-006 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD EMRICK, JOHN M 2331 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NEAL, CATHLEEN 2331 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFDD JOHNSON, KEITH 2331 WHITFIELD IND. WAY SARASOTA, FL 34243 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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: Cathleen Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

Daytime Phone #