


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90014 043 \*\*\*150.00

<b>DOCUMENT # J44642</b> 1. Entity Name <b>EXPERT-AIRE, INC.</b>					
Principal Place of Business <b>5710 SHIRLEY ST</b> <b>NAPLES, FL 34109 US</b>			Mailing Address <b>5710 SHIRLEY ST</b> <b>NAPLES, FL 34109 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2814013</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LUKOSAVICH, EDWARD D.</b> <b>2121 LAGUNA WAY</b> <b>NAPLES, FL 34109</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LUKASAVICH, EDWARD D. 2121 LAGUNA WAY NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6655 Bottlebrush CN NAPLES FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUKOSAVICH, GAIL F. 2121 LAGUNA WAY NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6655 Bottlebrush CN NAPLES FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUKOSAVICH, MATHEW C. 2830 8TH ST NW NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUKOSAVICH, RAYMOND J. 3555 12 AVE SE NAPLES, FL 34117		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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)(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.					
<b>SIGNATURE:</b> <i>Paul J. Lukosavich</i> <i>GAIL F. LUKOSAVICH</i> <i>2/11/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					