

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # J76090

1. Entity Name  
RELAIR, INC.



Principal Place of Business  
% GEORGE G. MATTHEWS  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407

Mailing Address  
% GEORGE G. MATTHEWS  
1925 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33407

**FILED**  
**Jan 15, 2004 08:00 AM**

**Secretary of State**

CITE 2875  
1/8/04



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2819398

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GEORGE G. MATTHEWS  
1925 N. FLAGLER DR.  
WEST PALM BEACH, FL 33407

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WESEMAN, WAYNE  
355 CLOVERLEAF BLVD  
DELTONA, FL 32725

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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U00000005046  
01/15/04-80036-013 150.00

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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: Wayne P. Weseman 1/9/04 561-835-0508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Wayne P. Weseman, President