


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K19657  
 1. Entity Name  
 AIR BUYERS ASSOCIATES, INC.



Principal Place of Business      Mailing Address  
 218 CRESTWOOD DRIVE      PO BOX 50504  
 SUMMERVILLE, SC 29483 US      SUMMERVILLE, SC 29485 US

**DO NOT WRITE IN THIS SPACE**



02022004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2935578	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  
 STIVER, WILLIAM E  
 850 SOUTH RIVER ROAD  
 ENGLEWOOD, FL 34223

**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 \_\_\_\_\_

**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

U00000086839  
 02/26/04-80031-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REAGLE, MARTY 20485 STATE RD. 24 W DEFIANCE, OH 43512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LASKIS, DAVE 1517 CEDAR LANE RD GREENVILLE, SC 29617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STIVER, WILLIAM 850 S RIVER RD ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERICSON, MARK 1526 SASSAFRAS ST ERIE, PA 16502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAMIN, CARL 21026 CASS CLINTON TOWNSHIP, MI 480361401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(f), 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 E Stiver*      WILLIAM E STIVER      2-24-04      941-474-7660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #