


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 218 CRESTWOOD DRIVE SUMMERVILLE, SC 29483 US	Mailing Address PO BOX 50504 SUMMERVILLE, SC 29485 US
--	---

DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2935578	Applied For <input type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	U000000066839 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 #