


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 08:00 AM
Secretary of State

DOCUMENT # K74995
 1. Entity Name
AIRPORT MANAGEMENT HANDLING, INC.



Principal Place of Business
**10831 PIPING ROCK CIR
 ORLANDO, FL 32817**

Mailing Address
**PO BOX 593422
 ORLANDO, FL 32859**

DO NOT WRITE IN THIS SPACE



09172004 No Chg-P GR2E034 (10/03)

4. FEI Number
59-3014418

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HEANEY, GARY
 10831 PIPING ROCK CIRCLE
 ORLANDO, FL 32817**

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, if used or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEANEY, GARY 10831 PIPING ROCK CIRCLE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBERTS, KAY B 10831 PIPING ROCK CIR ORLANDO, FL 32817
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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 or all other like empowered.

SIGNATURE: GARY M HEANEY 9/16/04 (407) 356 9032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #