

FL Dept of State

pd 1-5-05
FILED 31314

Jan 10, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L34427

1. Entity Name
ABLE AIR, INC.



Principal Place of Business

5075 INDUSTRY DR.
MELBOURNE, FL 32940

Mailing Address

5075 INDUSTRY DR.
MELBOURNE, FL 32940



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2977965 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WHITLOCK, GARY DANIEL
5075 INDUSTRY DRIVE
MELBOURNE, FL 32940

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITLOCK, GARY D.
STREET ADDRESS	5075 INDUSTRY DRIVE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	T
NAME	MASON, REBECCA A
STREET ADDRESS	5075 INDUSTRY DR.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	VP
NAME	BOWERS, ANTHONY R
STREET ADDRESS	5075 INDUSTRY DRIVE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	S
NAME	JARVIS, TAMMY A
STREET ADDRESS	5075 INDUSTRY DR.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/05-80026-009 150.00

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:

Gary D Whitlock, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05 321-242-7400
Date Daytime Phone #