

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90112 011 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000024589			
1. Entity Name 2001 AIR AND SEA TECHNOLOGIES, INC.			
Principal Place of Business ST LUCIE AIRWAYS 2982 AVIATION WAY FT PIERCE, FL 34964		Mailing Address 10129 SPYGLASS LANE PORT SAINT LUCIE, FL 34986	
2. Principal Place of Business		3. Mailing Address 4420 12th Manor SW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Vero Beach, FL	
Zip	Country	Zip	Country
32968	USA	32968	USA
4. FEI Number 65-0981123		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOZIER, JAMES C M.D. 10129 SPYGLASS LANE PORT SAINT LUCIE, FL 34986		7. Name and Address of New Registered Agent Name: James C. Dozier M.D. Street Address (P.O. Box Number is Not Acceptable): 4420 12th Manor SW City: Vero Beach FL Zip Code: 32968	
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 re-registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOZIER, JAMES C M.D. 10129 SPYGLASS LANE PORT SAINT LUCIE, FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOZIER, JAMES C M.D. 4420 12th Manor SW Vero Beach, FL 32968 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: _____		772 5679606	

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