


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90065 003 ***150.00

DOCUMENT # P00000079834	
1. Entity Name AIR RESEARCH MECHANICAL CONTRACTORS INC.	

Principal Place of Business 401 MIDVALE TERR. SEBASTIAN FL 32958	Mailing Address 401 MIDVALE TERR. SEBASTIAN FL 32958
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



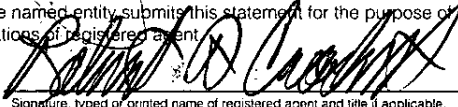
MOORE CR2E034 (11/03)

4. FEI Number 65-1028491	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROCKETT, ROBERT A 401 MIDVALE TERR. SEBASTIAN FL 32958

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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.	Robert A. Crockett (NOTE: Registered Agent signature required when reinstating) 4-17-04 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME CROCKETT, ROBERT A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 401 MIDVALE TERR.	CITY-ST-ZIP SEBASTIAN FL 32958	NAME	
STREET ADDRESS 401 MIDVALE TERR.	CITY-ST-ZIP SEBASTIAN FL 32958	STREET ADDRESS	
TITLE SD <input type="checkbox"/> Delete	NAME CROCKETT, KATHY M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 401 MIDVALE TERR.	CITY-ST-ZIP SEBASTIAN FL 32958	NAME	
STREET ADDRESS 401 MIDVALE TERR.	CITY-ST-ZIP SEBASTIAN FL 32958	STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME CROCKETT, ROBERT J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 401 MIDVALE TERR.	CITY-ST-ZIP SEBASTIAN FL 32958	NAME	
STREET ADDRESS 401 MIDVALE TERR.	CITY-ST-ZIP SEBASTIAN FL 32958	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 life empowered.
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-17-04 (772) 388-1044 Date Daytime Phone #
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