

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90424 011 ***150.00

DOCUMENT # P01000018341		
1. Entity Name LEAD'AIR, INC.		

Principal Place of Business 2693 W. FAIRBANKS AVE. SUITE A WINTER PARK, FL 32789	Mailing Address 2693 W. FAIRBANKS AVE. SUITE A WINTER PARK, FL 32789
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3706118	Applied For Not Applicable
Zip	Country	Zip	Country

01062004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent WASHBURN, KENNETH R 7061 GRAND NATIONAL DRIVE, STE 105-J ORLANDO, FL 32819	
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7. Name and Address of New Registered Agent Name LARRY J. HERRING Street Address (P.O. Box Number is Not Acceptable) 2693 WEST FAIRBANKS AVE. STE A City WINTER PARK FL Zip Code 32789	
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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 4/27/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRIERE, JEAN IERRE 7061 GRAND NATIONAL DRIVE, STE 105-J ORLANDO, FL 32819 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRIERE, JEAN PIERRE 2693 W. Fairbanks Ave. Ste A Winter Park, FL 32789 ☒ Change ☐ Addition (correction)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 04/14/2004 Daytime Phone # (407) 647-7777