

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


1/1

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90015 033 \*\*\*150.00

**DOCUMENT # P01000094796**

1. Entity Name  
**AIR RESOURCES INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address

**8086 KINGSWOOD WAY      PO BOX 411058**  
**MELBOURNE, FL 32940      MELBOURNE, FL -32941-1058**

**66002444**



01042005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3748717**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VARKER, BOBBY R**  
**8086 KINGSWOOD WAY**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P VARKER, BOBBY RAY 8086 KINGSWOOD WAY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VARKER, CAROL L 6086 KINGWOOD WAY MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: *Blanche Bob VARKER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*17 Feb 05* / *321-751-3449*  
Date      Daytime Phone