2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # P01000120557 1. Entity Name PEAVY AIR, INC.						04-13-2004 90017 003 ***150.00			
Principal Place of Business Mailing Address					_				
39 SCHWALL		-	P.O. BOX 2369						
HAVANA, FL 32333 HAVANA, FL 32333			32333				•		
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02192004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number 80-0025			Applied For	
Zip	Country	Zip	Coun	try		of Status Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Current	Registered Agent		· 	7. Name and	Address of New R		rea	
				Name m	Dalas	y Deavi	-		
HOWARD, R. WILLIAM 39 SCHWALL RD.				Street Addre	ss (P.O. Box Numbe	r is Not Acceptable	/ · · · · · · · · · · · · · · · · · · ·		
HAVANA, FL 32333				30	1 Schw	all Kd			
					•				
•				City HAVANA			FL 399	333	
	named entity submits this statement for	or the purpose of cha	anging its register	ed office or regi	istered agent, or both	n, in the State of Flo	rida. I am familiar wit	h, and accept	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when							2-20-04	<u>' . </u>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution					\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE	CEO □ Delete π		I .			☐ Change	Addition		
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CITY-ST-ZIP				-ST-ZIP					
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1 12 Thoroby	certify that the information supplied wi	h this filing does not	qualify for the eve	emption stated in	in Section, 119 07(3)/i	 Florida Statutes 	I further certify that the	e information	

12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 19.07(3)(t), Florida Statutes. Floriner 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 orath; 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

7-70-04

(850) 545 - 743

(00-)