

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 011 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P02000004844 1. Entity Name EDWARD'S AIR, INC. | | | | | |
| Principal Place of Business 6919 FLEMING STREET JUPITER, FL 33458 | | | Mailing Address 6919 FLEMING STREET JUPITER, FL 33458 | | |
| 2. Principal Place of Business 500 COMMERCIAL WAY WEST SUITE 3 | | 3. Mailing Address Suite, Apt. #, etc. JUPITER, FL | | | |
| City & State JUPITER, FL | | City & State JUPITER, FL | | 4. FEI Number 94-3414427 | |
| Zip 33458 | | Country PAWA BCH | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DEJESUS, EDWARD 6019 FLEMING STREET JUPITER, FL 33458 | | | | 7. Name and Address of New Registered Agent Name Street Address (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: 2/4/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P DEJESUS, EDWARD M 6019 FLEMING STREET JUPITER, FL 33458 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(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 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: 2/4/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |