



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90057 037 ***150.00

DOCUMENT # P02000084701 1. Entity Name AIR & SEA CRASH RECOVERY, INC.					
Principal Place of Business 4311 CRYSTAL LAKE DRIVE APT. 216 POMPAÑO BEACH, FL 33064			Mailing Address 4311 CRYSTAL LAKE DRIVE APT. 216 POMPAÑO BEACH, FL 33064		
2. Principal Place of Business 916 S.E. 17th Street Suite, Apt. #, etc.		3. Mailing Address 916 S.E. 17th Street Suite, Apt. #, etc.			
City & State Deerfield Beach, FL Zip 33441		City & State Deerfield Beach, FL Zip 33441		4. FEI Number 34-2068719	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMALLEY, STEVE 4311 CRYSTAL LAKE DRIVE APT. 216 POMPAÑO BEACH, FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 916 S.E. 17th Street City Deerfield Beach FL Zip Code 33441	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 SMALLEY, STEVE 4311 CRYSTAL LAKE DR #216 POMPAÑO BEACH, FL 33064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 916 S.E. 17th Street Deerfield Beach, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS WEINSTEIN, SCOTT B 4311 CRYSTAL LAKE DR #216 POMPAÑO BEACH, FL 33064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 916 S.E. 17th Street Deerfield Beach, FL 33441	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: / Steve Smalley Steve Smalley 2/16/04 954-529-8798 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					