


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000129341 1. Entity Name AIRFLOW EMERGENCY, INC.	
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Principal Place of Business 131 PEARSALL CIRCLE MELROSE, FL 32666	Mailing Address P.O. BOX 1505 MELROSE, FL 32666
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DO NOT WRITE IN THIS SPACE



08212004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0497988	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DOWNIE, ROBERT D
131 PEARSALL CIRCLE
MELROSE, FL 32666**

**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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNIE, ROBERT D 131 PEARSALL CIRCLE MELROSE, FL 32666
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08/25/04-80001-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/20/04 <small>Date</small>	352 175-3731 <small>Daytime Phone #</small>
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