



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90082 030 ***150.00

DOCUMENT # P02000130379 1. Entity Name D.S. AIRSHOWS, INC.																													
Principal Place of Business 3501 B. NORTH PONCE DE LEON BLVD. #397 ST. AUGUSTINE, FL 32084				Mailing Address 3501 B. NORTH PONCE DE LEON BLVD. #397 ST. AUGUSTINE, FL 32084																									
2. Principal Place of Business 3501-B North Ponce de Leon Blvd Suite, Apt. #, etc. # 395		3. Mailing Address 3501-B North Ponce de Leon Blvd Suite, Apt. #, etc. # 395																											
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE		4. FEI Number 20-0409834																									
Zip 32084		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GRIER, ROBERT E. 24 CATHEDRAL PLACE SUITE 506 ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name: Ludwig & Bunn, P.A. Street Address (P.O. Box Number is Not Acceptable): 5150 Belfort Road South, Bld 500 Jacksonville, FL 32256																									
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: <u><i>[Signature]</i></u> as President 2-28-05 <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, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D SNODGRASS, DALE O</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3501 B NORTH PONCE DE LEON BLVD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SAINT AUGUSTINE, FL 32080</td> </tr> </table>			TITLE	D SNODGRASS, DALE O	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	3501 B NORTH PONCE DE LEON BLVD		CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D, P, S, T SNODGRASS, DALE, O</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3501-B North Ponce de Leon Blvd # 395</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ST. AUGUSTINE, FL, 32084</td> </tr> </table>			TITLE	D, P, S, T SNODGRASS, DALE, O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	3501-B North Ponce de Leon Blvd # 395		CITY-ST-ZIP	ST. AUGUSTINE, FL, 32084	
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
				<small>Date</small> <small>Daytime Phone #</small>																									