


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000133722 1. Entity Name SOUTH TAMPA AIR RENTALS, INC.	
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Principal Place of Business <input type="checkbox"/> 5508 N NEBRASKA AVE TAMPA, FL 33604-7122	Mailing Address 5508 N NEBRASKA AVE TAMPA, FL 33604-7122
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08272004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1453952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fec Required	

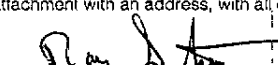
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEWART, RAYMOND JR. 5508 N NEBRASKA AVE TAMPA, FL 33604-7122	DO NOT WRITE IN THIS SPACE
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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 _____

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	DP STEWART, RAYMOND JR 5508 N NEBRASKA AVE TAMPA, FL 336047122	<p>000000171775 09/08/04-80005-001 150.00</p> DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>8/31/04</u> Daytime Phone # <u>813 239 1919</u>