



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90262 018 \*\*\*150.00

<b>DOCUMENT # P03000043252</b> 1. Entity Name <b>FLORIDA AIR SHARE, INC.</b>			
Principal Place of Business <b>304 CITATION POINT NAPLES, FL 34104</b>		Mailing Address <b>178 TOPANGA DRIVE BONITA SPRINGS, FL 34104</b>	
2. Principal Place of Business <b>200 AVIATION DR</b> Suite, Apt. #, etc. <b>suite 1</b> City & State <b>Naples, FL</b> Zip <b>34104</b> Country <b>USA</b>		3. Mailing Address <b>← SAME</b> Suite, Apt. #, etc. City & State Zip Country	
			
		<b>04192004 Chg-P CR2E034 (10/03)</b>	
		4. FEI Number <b>65-1191477</b> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>Rudi Dekkers</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 Aviation DR, Suite 1</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34104</b>	
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 rechartering) DATE <b>4/20/04</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Dekkers Rudi H.G.</b>
NAME	<b>DEKKERS, RUDI H.G.</b>	NAME	<b>200 Aviation DR, Suite 1</b>
STREET ADDRESS	<b>304 CITATION POINT</b>	STREET ADDRESS	<b>Naples, FL, 34104</b>
CITY-ST-ZIP	<b>NAPLES, FL 34104</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.			
<b>SIGNATURE:</b> _____		Date <b>4/20/04</b> Daytime Phone #	