


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90457 045 \*\*\*158.75

<b>DOCUMENT # P03000056865</b>		
1. Entity Name MR AIR OF FLORIDA, INC.		

Principal Place of Business C/O JON E. SCHLENTHER 6995 78 AVE PINELLAS PARK, FL 33781	Mailing Address P.O. BOX 3268 PINELLAS PARK, FL 33780
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44036506



2. Principal Place of Business 6995 78th Ave.	3. Mailing Address P.O. Box 3268
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02122004 Chg-P CR2E034 (10/03)

City & State Pinellas Park, FL	City & State Pinellas Park, FL
Zip 33781	Zip 33780
Country U.S.A.	Country U.S.A.

4. FEI Number 20-0389511	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCHLENTHER, JON E 6995 78 AVE PINELLAS PARK, FL 33781	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   City FL Zip Code	
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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SCHLENTHER, JON E
STREET ADDRESS	6695 78 AVE
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	TD
NAME	SCHLENTHER, KIMBERLY
STREET ADDRESS	6695 78 AVE
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	SD
NAME	SCHLENTHER, LYNN
STREET ADDRESS	6695 78 AVE
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD
NAME	Schlechter, Shirley P.
STREET ADDRESS	34689 Lake Dr.
CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: 	Jon E. Schlenther PD	3/24/04	727/544-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #