2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145473

1. Entity Name
AIR & FLOOD SPECIALIST INC

FILED
04 JUN -1 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04012004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
15840 SR. 50 LOT 26 CLERMONT, FL 32811	15840 SR. 50 LOT 46 CLERMONT, FL 32811

2. Principal Place of Business	3. Mailing Address
6110 Edgewater Dr.	6110 Edgewater Dr.
Suite, Apt. #, etc.: ~~Suite A & B~~	Suite, Apt. #, etc.: Suite A & B
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32810 Country: USA	Zip: 32810 Country: USA

4. FEI Number: 20-0447397 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, AARON T
6435 PICCADILLY LANE
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name: Seanna L Smith
Street Address (P.O. Box Number is Not Acceptable): 1660 Lisa Lane
City: Kissimmee FL Zip Code: 34744

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: Seanna L Smith 5/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDERSON, KIMBERLY A 6435 PICCADILLY LANE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Anderson, Kimberly A 6435 Piccadilly Lane Orlando, Flodida32835	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TORTORICE, SAM 6435 PICCADILLY LANE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C/M Tortorice, Sam 6435 Piccadilly Lane Orlando Fl 32835	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, SEANNA L 6435 PICCADILLY LANE ORLANDO, FL 32835	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300033918333 04/25/04--01041--024 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, NORMAN 6435 PICCADILLY LANE ORLANDO, FL 32835	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STIVESON, ROBERT C 6435 PICCADILLY LANE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Stiveson, Robert C 15840 S.R 50 Lot 26 C Clermont Fl 324711	XX ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert C Stiveson 407-253-9194/10/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #