

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145473

FILED
Apr 27, 2005
Secretary of State

Entity Name: AIR & FLOOD SPECIALIST INC

Current Principal Place of Business:

6110 EDGEWATER DRIVE
SUITE A & B
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6110 EDGEWATER DRIVE
SUITE A & B
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 20-0447397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SEANNA T
1660 LISA LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: ANDERSON, KIMBERLY A
Address: 6435 PICCADILLY LANE
City-St-Zip: ORLANDO, FL 32835

Title: DCM () Delete
Name: TORTORICE, SAM
Address: 6435 PICCADILLY LANE
City-St-Zip: ORLANDO, FL 32835

Title: ST () Delete
Name: STIVESON, ROBERT C
Address: 15840 SR 50 LOT 26
City-St-Zip: CLERMONT, FL 32471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: TORTORICE, SAM
Address: 6435 PICCADILLY LANE
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C STIVESON

ST

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date