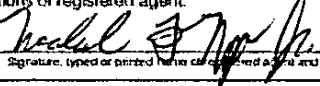
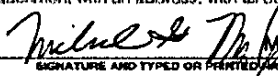


FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90175 013 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000023370			
1. Entity Name SOUTHERN AIR SYSTEMS OF N. FL, INC.			
Principal Place of Business 6422 SE 62ND CT TRENTON, FL 32693		Mailing Address 6422 SE 62ND CT TRENTON, FL 32693	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 20-0637141		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANNAN, SHARON C 161 N MAIN ST WILLISTON, FL 32696		7. Name and Address of New Registered Agent Name MICHAEL G. MYERS, JR. Street Address (P.O. Box Number is Not Acceptable) 6422 SE 62ND CT City TRENTON FL Zip Code 32693	
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  MICHAEL G. MYERS, JR., DIRECTOR / PRESIDENT APRIL 27, 2005 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D MYERS, MICHAEL G JR 6422 SE 62ND CT TRENTON, FL 32693 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  MICHAEL G. MYERS, JR., DIRECTOR / PRESIDENT		APRIL 27, 2005 (352) 494-5893 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	