

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90020 047 ***150.00

DOCUMENT # P93000041913

1. Entity Name

AMERICAN AIR SMITH, INC.



Principal Place of Business

1403 NW 53 AVE
GAINESVILLE FL 32653

Mailing Address

P.O. BOX 1306
GAINESVILLE FL 32602
US

94052054



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1403 NW 53 AVE

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32653

Country

ALACHUA

4. FEI Number

59-3186985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERNEST H. SMITH
1403 NW 53 AVE
P.O. BOX 1306
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SMITH, ERNEST H
STREET ADDRESS 1403 N.W. 53 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE VP ☐ Delete
NAME MCGHIN, YVONNE
STREET ADDRESS 1403 NW 53 AVE
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ST ☐ Delete
NAME SMITH, GLENDORA N
STREET ADDRESS 1403 N.W. 53 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

Ernest H. Smith

ERNEST H. SMITH

Date

Daytime Phone #

352-372-5333