

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086275

FILED
Apr 30, 2004
Secretary of State

Entity Name: AERIAL ADS, INC. OF THE SOUTHEAST

Current Principal Place of Business:

11504 BACK BEACH ROAD
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

328 GREENWOOD CIRCLE
PANAMA CITY BEACH, FL 32407 US

Current Mailing Address:

11504 BACK BEACH RD
PANAMA CITY BEACH, FL 32407 US

New Mailing Address:

328 GREENWOOD CIRCLE
PANAMA CITY BEACH, FL 32407 US

FEI Number: 65-0452905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, JAY
328 GREENWOOD CIRCLE
PANAMA CITY BEACH, FL 32407 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: PT () Delete
Name: MYERS, JAY W
Address: 328 GREENWOOD CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: S () Delete
Name: SWANN, ANNETTE
Address: 328 GREENWOOD CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: VP () Delete
Name: MYERS, TIMOTHY J
Address: 328 GREENWOOD CIRCLE
City-St-Zip: PANAMA CITY, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: MYERS, TIMOTHY J
Address: 328 GREENWOOD CIRCLE
City-St-Zip: PANAMA CITY, FL 32407

Title: D () Change (X) Addition
Name: ROBERTS, CHRISTA L
Address: 328 GREENWOOD CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: CHRISTA L. ROBERTS

D

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date