

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000051762

1. Entity Name  
ADVANCED AIR MID-AMERICA, INC.



Principal Place of Business  
6461 GARDEN RD  
#102  
RIVIERA BEACH, FL 33404

Mailing Address  
6461 GARDEN RD  
#102  
RIVIERA BEACH, FL 33404



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0503044

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHNEIDER, JOHN C ESQ.  
1001 FLAGLER CTR  
505 S. FLAGLER DR.  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BELL, STEVEN
STREET ADDRESS	2278 TEACH RD
CITY-ST-ZIP	PALM BCH GARDENS, FL
TITLE	D
NAME	BELL, DALE L
STREET ADDRESS	4747 SQUARE LAKE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	BELL, LARRY A
STREET ADDRESS	13076 RAYMOND DR
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000303632  
04/14/05-80012-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-05 561-845-8212