

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000062449**

1. Entity Name  
J. & M. AIR, INC.



Principal Place of Business

1901 W 47TH PLACE  
SUITE 200  
WESTWOOD, KS 66205 US

Mailing Address

1901 W 47TH PLACE  
SUITE 200  
WESTWOOD, KS 66205 US



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
48-1155938

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DC  
TREVINO, LEE  
1901 W 47TH PLACE #200  
WESTWOOD, KS 66205

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DT  
TREVINO, CLAUDIA  
1901 W 47TH PLACE, #200  
WESTWOOD, KS 66205

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
GLASSMAN, STEVEN B  
1901 W 47TH PL, # 200  
WESTWOOD, KS 66205

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
BROWN, ARNOLD H.  
1901 W 47TH PL STE 200  
WEST WOOD, KS 66205

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000859343  
04/02/08-80018-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #