* 2	* 2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 15, 2004 08:00 AM Secretary of State			
1. Entity Nam	MENT # P9600000189 Äir, Inc.	94			Secre	lary of S	lale	
Principal Plac 5104 PRESI SEFFNER, FL	DENTIAL STREET	tailing Address 5104 PRESIDENTIAL STREET SEFFNER, FL 33584	· · · · ·					
DO NOT WRITE IN THIS SPAC			CE	03242004	No Chg-P	CR2E034 (10/		
				59-335		□ \$8.75	Not Applicable Additional	
5104 PRE	6. Name and Address of Current Regi HISTOPHER C SIDENTIAL ST , FL 33584	stered Agent			NOT W THIS SP		=	
<ul> <li>B. 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.</li> </ul>								
SIGNATURE.	Signature, typed or printed name at registered agant and till		d Agent signature required			DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		.00 May Be ed to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE PS WHITE, CHRISTOPHER C 5104 PRESIDENTIAL STREET SEFFNER, FL 33584 D WHITE, TAMARA	CTORS					·	
STREET ADDRESS CXTY - ST - ZIP TITLE NAME STREET ADDRESS CXTY - ST - ZIP	5104 PRESIDENTIAL ST SEFFNER, FL	,		DO	_04/15/04-		150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>·</sup>	THIS SF	PACE		
THLE NAME STREET ADDRESS CITY - ST- ZIP				-				
TILE NAME STREET ADDRESS CITY-ST-ZIP	·		<u> </u>					
12. I hereby cortify that the information supplemental report is filing does not qualify for the exemption stated in Section 119 07(3)(0). 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 office 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.								
SIGNAT	URE:	D NAME OF SIGNING OFFICER OR DIREC	TOR	ser Whr	Dato Dato	Daysme Pho	00#	