



FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000015712		Secretary of State	
1. Entity Name JAY AG AIR, INC.			
Principal Place of Business 6447 DIXONVILLE RD JAY, FL 32565		Mailing Address 6447 DIXONVILLE RD. JAY, FL 32565	
DO NOT WRITE IN THIS SPACE			
		04272005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3362024	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
GOLDEN, DANIEL E 6447 DIXONVILLE RD. JAY, FL 32565			
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 _____		4/28/05 DATE	
Signature typed or name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GOLDEN, DANIEL E 6447 DIXONVILLE RD JAY, FL 32565	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GOLDEN, CATHY L 6447 DIXONVILLE RD. JAY, FL 32565	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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)(c), 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 another like empowered.			
SIGNATURE: Cathy L. Golden		Cathy L. Golden 4-28-05 850-6754817	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	