2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005757

Entity Name: AIR SLIPPLY INC

FILED Apr 25, 2005 Secretary of State

Littly Na	IIIE. AIR SUF	FLI, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
2001 CRAWFORDVILLE HWY SUITE B CRAWFORDVILLE, FL 32327				3167 COASTAL HWY CRAWFORDVILLE, FL 32327				
Current Mailing Address:				New Mailing Address:				
2001 CRAWFORDVILLE HWY SUITE B CRAWFORDVILLE, FL 32327				3167 COASTAL HWY CRAWFORDVILLE, FL 32327				
FEI Number	: 59-3430874	FEI Number Applied Fo	r() FEI Nu	mber Not Appl	icable ()	Certificat	te of Status Desi	ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
2566 SOP SOPCHOR	, RICHARD R CHOPPY HIGI PPY, FL 32358	HWAY 3 US	For the nurnece of	of changing i	te registered	office or re	ogistored egen	t or both
	e named entity e of Florida.	submits this statement	for the purpose of	or changing i	ts registerea	oπice or re	egistered agen	it, or doth,
SIGNATUI	RE:							
Flection Car		nic Signature of Registe g Trust Fund Contribution	_			[Date	
	S AND DIREC	_	<i>、,</i>	ADDITION	S/CHANGE	S TO OFF	ICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	PT (RUSSELL, RIC 2566 SOPCHO SOPCHOPPY,	PPY HWY		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	VS (RUSSELL, LIS. 2566 SOPCHO SOPCHOPPY,	PPY HWY		Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	V (STEINLE, CRA 160 MUNICIPA SOPCHOPPY,	L AVENUE		Title: Name: Address: City-St-Zip:	V (STEINLE, CR 8264 SMITH SOPCHOPPY	CREEK RD.) Addition	

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: LISA M. RUSSELL VΡ 04/25/2005