


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000076582 1. Entity Name AIR REPAIR BY CARLSON & SON, INC.	
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Principal Place of Business 6610 CHABOT AVE. FORT MYERS, FL 33905 US	Mailing Address 6610 CHABOT AVENUE FORT MYERS, FL 33905 US
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DO NOT WRITE IN THIS SPACE

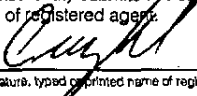


03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0775890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent YACKLE, CRYSTAL M 610 CHABOT AVENUE FORT MYERS, FL 33905

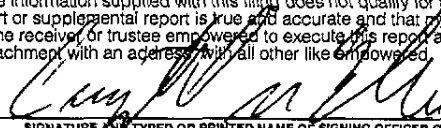
DO NOT WRITE IN THIS SPACE

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:  <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 04/11/05
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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	H00000239793 04/11/05-80122-024 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YACKLE, JOHN 6610 CHABOT AVENUE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST YACKLE, CRYSTAL 6610 CHABOT AVENUE FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-8-05 239-693-1448 <small>Date Daytime Phone #</small>
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