

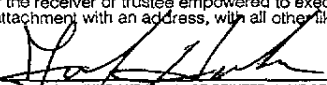


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P98000043566</b>						
1. Entity Name SOUTHERN AIR COMPRESSOR SERVICE, INC.						
Principal Place of Business 1822 SUZANNE LANE LAKE LAND, FL 33813	Mailing Address 1822 SUZANNE LANE LAKE LAND, FL 33813	  04262005    No Chg-P    CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-3528072</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number 59-3528072	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  HACKER, JACK 1822 SUZANNE LANE LAKE LAND, FL 33813		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE	D	<div style="margin-bottom: 10px;">000000354117 05/03/05-80094-012 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>				
NAME	HACKER, JACK					
STREET ADDRESS	1822 SUZANNE LANE					
CITY-ST-ZIP	LAKE LAND, FL 33813					
TITLE	D					
NAME	CURRY, COLLEEN J					
STREET ADDRESS	1415 PIER COURT					
CITY-ST-ZIP	LAKE LAND, FL 33813					
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>				
NAME	PARISO, CHRIS					
STREET ADDRESS	4330 BEAU RIVAGE CIRCLE					
CITY-ST-ZIP	LUTA, FL 33549					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>				
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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)(f), 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>		4-27-05    (863) 428-2597 <small>Date    Daytime Phone #</small>				