



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90017 001 ***150.00

DOCUMENT # P98000044861					
1. Entity Name JAGS-AIR, INC.					
Principal Place of Business C/O STEVEN R. MATZKIN 1 SOUTH SCHOOL AVENUE STE 1000 SARASOTA, FL 34236			Mailing Address C/O STEVEN R. MATZKIN 1 SOUTH SCHOOL AVENUE STE 1000 SARASOTA, FL 34236		
2. Principal Place of Business 1 South School Avenue Suite, Apt. #, etc. Ste. 1000 City & State SARASOTA FL Zip 34237 Country USA		3. Mailing Address 1 South School Avenue Suite, Apt. #, etc. Ste. 1000 City & State SARASOTA, FL Zip FL 34237 Country			
4. FEI Number 65-0835932				01052004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATZKIN, STEVEN R STE 1000 SOUTH SCHOOL AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: <u>STEVEN R. Matzkin</u> Street Address (P.O. Box Number is Not Acceptable) 1 S. School Avenue, Ste 1000 City: <u>SARASOTA</u> <u>FL</u> Zip Code: <u>34237</u>		
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: <u>SR Matzkin</u> DATE: <u>1/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D	MATZKIN, STEVEN R	<input type="checkbox"/> Delete		
NAME		1 S SCHOOL AVE STE 1000			
STREET ADDRESS		SARASOTA, FL 342376046			
CITY - ST - ZIP					
TITLE	D	MATZKIN, GEORGEANN	<input type="checkbox"/> Delete		
NAME		1 S SCHOOL AVE STE 1000			
STREET ADDRESS		SARASOTA, FL 342376046			
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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)(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: <u>SR Matzkin</u>				Date: <u>1/27/04</u> Daytime Phone #: <u>(941) 955-3150</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					