

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000010204 1. Entity Name DATTORE AIR, INC.		
Principal Place of Business 790 OAKLAND HILLS CIR., #210 LAKE MARY, FL 32746	Mailing Address P.O. BOX 950909 LAKE MARY, FL 32795	
DO NOT WRITE IN THIS SPACE		
 03092004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3561579		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DATTORE, ROBERT E 790 OAKLAND HILLS CIR., #210 LAKE MARY, FL 32746		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY - ST - ZIP	P DATTORE, ROBERT E 790 OAKLAND HILLS CIR LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right; margin-bottom: 10px;"> 000000144460 04/30/04-80133-007 150.00 </div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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><i>Robert E. Dattore</i></u> ROBERT E. DATTORE <u>4/25/04</u> <u>407-302-4000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		