

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # S42126

1. Entity Name

IMPULSE AIR INC.



**FILED
Apr 20, 2004 8:00 am
Secretary of State**

04-20-2004 90028 005 ***158.75



MOORE CR2E034 (11/03)

Principal Place of Business
PO BOX 12273
JACKSONVILLE FL 32209-2273
US

Mailing Address
C/O DAVID A KING, ATTY
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number
59-3062190 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVS Delete
NAME GUERTIN, EDWARD G.
STREET ADDRESS 3609 WATERSIDE DR.
CITY-ST-ZIP ORANGE PARK FL

TITLE DPT Delete
NAME HAMPTON, BRUCE R.
STREET ADDRESS 498 MONTEREY PARKWAY
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change 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 entries.

Bruce R. Hampton

4-14-04 *904-475-1827*

SIGNATURE: *Bruce R. Hampton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #