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Secretary of State
03-09-2004 90060 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V03583

1. Entity Name
AIR ORLANDO MAINTENANCE, INC.

24U18U34

Principal Place of Business	Mailing Address
51 N CRYSTAL LAKE DR ORLANDO, FL 32803	51 N CRYSTAL LAKE DR ORLANDO, FL 32803

03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3100274
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLES R. TRULOCK
203 E. HILLCREST
SUITE 1200
ORLANDO, FL 32801

KEVIN KNIGHT
332 N. MAGNOLIA AVE
ORLANDO, FL. 32802-0087

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	AMBROSE, RAY	AMBROSE, RAY
STREET ADDRESS	400 HERNDON AVE. #109	321 N. CRYSTAL LAKE DR
CITY-ST-ZIP	ORLANDO, FL	ORLANDO, FL. 32803
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
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: _____ 3/01/04 4078987257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #