2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # F33538 Entity Name DIESEL AIR SYSTEMS, INC. Principal Place of Business Mailing Address 4710 EDISON AVENUE C/O CHARLES A REEVES 4710 EDISON AVENUE C/O CHARLES A REEVES JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite Apt #, etc 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-2175797 Not Applicable Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REEVES, CHARLES A. Street Address (P.O. Box Number is Not Acceptable) 4710 EDISON AVE JACKSONVILLE FL 32254 City 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 Sancture, typed or primed learned inguistmod agent and CLB it amplication (INDIE: Registered Agent Enginture required when rejectating) DATE FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May-1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. : ' ... Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Da ete TITLE ☐ Change ☐ Addition NAME REEVES, CHARLES A. N-ME U000000893554 STREET ADDRESS STREET ADDRESS 4710 EDISON AVE 04/23/08-80103-013 150.00 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change Addition TITLE STD ☐ Derete TITLE REEVES, JANICE E. STREET ADDRESS 4710 EDISON AVE STREET ADDRESS CITY-ST-712 JACKSONVILLE FL CITY+ST-7IF De ete ☐ Change Addition MOVE. STREET ADDRESS STREET ADDRESS OffY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete DIT: F HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-S1-ZP CHY-ST ZIP TITLE De'etc THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 Same In January Lawrence Communication of the formation indicated on this report is true and accurate 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.