

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90430 016 ***158.75

DOCUMENT # G84420 1. Entity Name AIR SCAN, INC.					
Principal Place of Business 3505 MURRELL RD. ROCKLEDGE, FL 32955			Mailing Address 3505 MURRELL RD. ROCKLEDGE, FL 32955		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2391830				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANSUR, JOHN W. 4195 SPARROW HAWK DR. MELBOURNE, FL 32935			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MANSUR, JOHN W. 4195 SPARROW HAWK DR. MELBOURNE, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLOWAY, WALTER F. 3993 N INDIAN RIVER DR COCOA, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CHAIRMAN ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, D THOMAS E. FOTOPULOS 3505 MURRELL ROAD ROCKLEDGE, FL 32955 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Thomas E. Fotopulos</i> THOMAS E. FOTOPULOS			4/29/04 (321) 631-0005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		