## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2004 8:00 am Secretary of State

	MENT # P00000099		01-26-2004 90019 016 ***150.00					
1. Entity Name AIR QUEST, INC.					01 20 200 .	10011 010 10	0.00	
		Mailing Address	-					
1425 GENERAL AVIATION DRIVE Hangar 13		1861 SOUTH PATRICK DRIVE PMB 115						
MELBOURNE, FL 32935		INDIAN HARBOUR BEACH, FL 32937			ii) Bari Bari Bari Bari Bari ƙa	SI CORES IDING IDEN DIDIR DAHA IDE		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		1425 General Aviation Driv Suite, Apt. #, etc.		i brive			<b> 1.2 2.</b>	
		Hangar 13		01202004		CR2E034 (10/03)		
City & State		City & State Melbourne FL		4. FEI Num 59-36	ber 77196	<del></del>	pplied For of Applicable	
Zip	Country Zip 32935		Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			d Address of New R			
FALLACE, JAMES H								
FALLACE & ASSOCIATES, P.A. 1900 S. HICKORY STREET, SUITE A				Street Address (P.O. Box Number is Not Acceptable)				
MELBOURNE, FL 32901								
			City	FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10	OFFICERS AND	DIRECTORS	11.	ADDITION	S/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	P/T CHILDREY, TIMOTHY L P/T	Delete	TITLE NAME			Change	Addition	
STREET ADDRESS				DRESS 1425 General Aviation Drive				
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	Mellourne	FL 32935			
TITLE NAME	V/S PERE, RICHARD J V/S	Delete	TITLE NAME			☑ Change	☐ Addition	
STREET ADDRESS	1383 GENERAL AVIATION DRIV	E	STREET ADDRESS	1425 Gene	ralAuiatio	n Drive		
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP	Melbourn	e FL 32935			
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CITY-ST-ZIP  CITY-ST-ZIP  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)						) Company of the comp		
12. I nereby (	entity that the information supplied with	tris ming does not quality for the	ie exemption stat	eu ni section (HB.07G	ητη, πιοπαία Statutes.	i further certify that the if	morniation [	

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Timo thy L. Childrey

1/23/04

Daytime Phone #