


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000149362</b> 1. Entity Name <b>QUALITY AIR SUPPLY INC.</b>	
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Principal Place of Business <b>P O BOX 2459 KEY WEST, FL 33045</b>	Mailing Address <b>P O BOX 2459 KEY WEST, FL 33045</b>
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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0533595</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HARPIN, PATRICK 2401 FOGARTY AVE KEY WEST, FL 33040</b>
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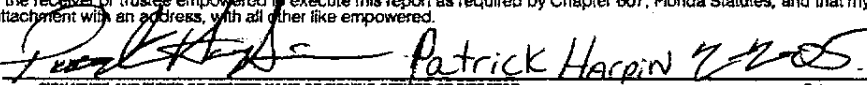
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP HARPIN, PATRICK P O BOX 2459 KEY WEST, FL 33045</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HARPIN, JENNIFER P O BOX 2459 KEY WEST, FL 33045</b>
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02/05/05-80060-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.	
<b>SIGNATURE:</b>  <b>Patrick Harpin 2-2-05</b>	<b>305-292-0452</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>