

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000012423

FILED
Apr 29, 2004
Secretary of State

Entity Name: SCAN AIR FILTER, INC. - FLORIDA

Current Principal Place of Business:

1802 HICKORY LN.
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1802 HICKORY LN.
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3224831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLOFSSON, BENGT
1802 HICKORY LANE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLOFSSON, BENGT
Address: 1802 HICKORY LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD () Delete
Name: OLOFSSON/JOHNSON, SUSAN
Address: 1802 HICKORY LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD () Delete
Name: CARRAHER, REBECCA L.
Address: 498 SELVA LAKES CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: TD () Delete
Name: JOHNSON, NORMA B.
Address: 1830 LIVE OAK LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD () Delete
Name: JOHNSON, DAVID R.
Address: 1830 LIVE OAK LANE
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENGT OLOFSSON

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date