


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90028 029 ***150.00

| | | | | | |
|---|---|----------------------|---|---|--|
| DOCUMENT # P96000066998 1. Entity Name GAS ANALYSIS SYSTEMS CO., INC. | | | |  | |
| Principal Place of Business 1933 WHITEFIELD PARK LOOP SARASOTA, FL 34243 US | | | Mailing Address 5900 S TAMiami TRAIL STE 1 SARASOTA, FL 34231 US | | |
| 2. Principal Place of Business 1933 WHITEFIELD PARK LOOP | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State SARASOTA FL | | | City & State | | |
| Zip 34243 | | Country US | | Zip | |
| Country | | Country | | 4. FEI Number 65-0689139 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent TRACY, CATHERINE L 5900 S TAMiami TRAIL STE 1 SARASOTA, FL 34231 | | | | 7. Name and Address of New Registered Agent 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 <u>Catherine L. Tracy</u> DATE <u>1-20-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 | PSTD HANWAY, THOMAS D 1933 WHITEFIELD PARK LOOP SARASOTA, FL 34243 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>[Signature]</u> 3/4/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |