

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000032417

1. Entity Name

AIR QUALITY SYSTEMS, INC.



**FILED  
Feb 10, 2004 8:00 am  
Secretary of State**

02-10-2004 90017 043 \*\*\*150.00

Principal Place of Business  
3543 OLD DIXIE HIGHWAY  
MIMS FL 32754

Mailing Address

3543 OLD DIXIE HIGHWAY  
MIMS FL 32754

2. Principal Place of Business

*BREVARD COUNTY*

3. Mailing Address

*3543 OLD DIXIE HWY.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Mims FL.*

City & State  
*Mims FL.*

Zip  
*32754*

Country  
*U.S.A.*

Zip  
*32754*

Country  
*U.S.A.*

6. Name and Address of Current Registered Agent

MOSHER, JEFFREY L  
3543 OLD DIXIE HIGHWAY  
MIMS FL 32754

4. FEI Number

65-0831758

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

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

*Jeffrey L. Mosher*

*2-5-04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PST MOSHER, JEFFREY L 3543 OLD DIXIE HWY MIMS FL 32754	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEDGUS, RUDOLPH M III 1245 EDWARD CT TITUSVILLE FL 32796	<input checked="" type="checkbox"/> Delete <i>LAST NAME MISSPELLED</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>V.P. SEDGUS, RUDOLPH M. III 1245 EDWARD CT. TITUSVILLE FL 32796</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jeffrey L. Mosher, JEFFREY L. MOSHER*

*2-5-04*

*321-863-4037*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #