

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90315 001 ***150.00

DOCUMENT # P98000032417



1. Entity Name

AIR QUALITY SYSTEMS, INC.

Principal Place of Business

3543 OLD DIXIE HWY
MIMS FL 32754

Mailing Address

3543 OLD DIXIE HIGHWAY
MIMS FL 32754

2. Principal Place of Business

3543 OLD DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

3543 OLD DIXIE HWY

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

MIMS FL

City & State

MIMS FL

4. FEI Number

65-0831758

Applied For

Not Applicable

Zip

32754

Country

U.S.A

Zip

32754

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSHER, JEFFREY L
3543 OLD DIXIE HIGHWAY
MIMS FL 32754

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 Pres.

4-21-05

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, 2005 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

TITLE PST ☐ Delete
NAME MOSHER, JEFFREY L
STREET ADDRESS 3543 OLD DIXIE HWY
CITY-ST-ZIP MIMS FL 32754

TITLE VP ☒ Delete
NAME SEDGES, RUDOLPH M III
STREET ADDRESS 1245 EDWARD CT
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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), 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 Pres. Jeffrey L. Mosher

Date

4-21-05

Daytime Phone #

321.267.1019