## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 04, 2008 08:00 A DOCUMENT #V33796 **Secretary of State** 1. Entity Name PROGRESSIVE AIR SYSTEMS, INC. Principal Place of Business Mailing Address 5907 DASHER COURT 7130 MEIGHAN CT PORT RICHEY, FL 34668 US NEW PORT RICHEY, FL 34652 No Chg-P CR2E034 (11/05) 01292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3124591 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROGERS, WILLIAM DO NOT WRITE 7130 MEIGHAN CT NEW PORT RICHEY, FL 34652 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) <u> UUUUUUR 15948</u> 02/14/08-80029-020 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ROGERS, WILLIAM NAME STREET ADDRESS 7130 MEIGHAN CT NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

SIGNATURE:	William Rosera	1-29-08	727-243-3251
	SIGNATURE AND TYPED OR PONTED HAME OF SIGNING OFFICER OR DIRECTOR	Date	Disylane Phone #