


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90012 046 \*\*\*150.00

**DOCUMENT # F03000000725**

1. Entity Name  
**AIRTEX MANUFACTURING, INC.**



Principal Place of Business  
**PO BOX 650  
 DESOTO, KS 66018-0650**

Mailing Address  
**PO BOX 650  
 DESOTO, KS 66018-0650**

40034000



2. Principal Place of Business - No P.O. Box #  
**32050 W. 83rd St**

3. Mailing Address  
 Suite, Apt. #, etc.

03022007 Chg-P CR2E034 (12/06)

City & State  
**Desoto, KS**

City & State

Zip  
**66018** Country  
**USA**

Zip Country

4. FEI Number  
**74-2834521**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BAMBACHER, RICHARD  
 1025 S. SEMORAN BLVD  
 STE 1093  
 WINTER PARK, FL 32792**

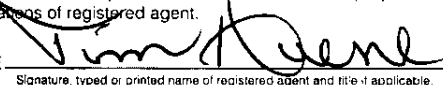
**7. Name and Address of New Registered Agent**

Name  
**Tim Huene**

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  **Tim Huene** DATE **3/9/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCV GRAY, DON 32050 W 83RD STREET DESOTO, KS 66018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT NIXON, DOUG 32050 W 83RD STREET DESOTO, KS 66018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMBACHER, RICHARD 32050 W 83RD STREET DESOTO, KS 66018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C Richard Rambacher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Laine Wright	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doug Nixon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:  **Richard Rambacher** Date **3-9-07** 913-593-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #