


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H16687 1. Entity Name AIR-FLOW CONTROL, INC.	
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Principal Place of Business 806 W SLIGH AVE TAMPA, FL 33604 US	Mailing Address 806 W SLIGH AVE TAMPA, FL 33604 US
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**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2435141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DEL CASTILLO, ANTHONY JR 2518 LORRAINE ST TAMPA, FL 33614	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEL CASTILLO, ANTHONY 2314 FERN PLACE TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DEL CASTILLO, ANTHONY JR 2518 LORRAINE ST TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEL CASTILLO, ROBERTA 2314 FERN PL TAMPA, FL 33604
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/28/05-80024-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Anthony Del Castillo Jr. 3-24-05-813-936-8215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #