

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 13, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P00000050099**

1. Entity Name  
**AIR TECHS OF THE TREASURE COAST, INC.**



Principal Place of Business  
**945 19TH AVE SW  
VERO BEACH, FL 32962**

Mailing Address  
**945 19TH AVE SW  
VERO BEACH, FL 32962**



02272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1014380**

Applied For
Not Applicable

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

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

**PETERS, HOWARD W  
8100 128TH ST  
SEBASTIAN, FL 32958**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	P
NAME	PETERS, HOWARD W
STREET ADDRESS	P O BOX 1
CITY-ST-ZIP	ROSELAND, FL 32957
TITLE	V
NAME	SOMMERFROIND, MARIUS
STREET ADDRESS	5202 FEATHER CREEK DR
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	ST
NAME	SOMMERFROIND, SANDRA
STREET ADDRESS	5202 FEATHER CREEK DR
CITY-ST-ZIP	FORT PIERCE, FL 34951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000704534  
04/23/07-80015-002-150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Sandra Sommerfroid* **SANDRA SOMMERFROIND** **772 -**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Sec/Treas* **3/27/07** **466-1090**  
Date Daytime Phone #