

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000015282

1. Entity Name  
ALWAYS-AIRE, INC.



**FILED**  
**Jul 23, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
11623 PURPLE LILAC CIRCLE  
ORLANDO, FL 32837

Mailing Address  
11623 PURPLE LILAC CIRCLE  
ORLANDO, FL 32837



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4216003

Applied For  
Not Applicable

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

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

COSTELLA, BRUCE T  
11623 PURPLE LILAC CIRCLE  
ORLANDO, FL 32837

**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

7/21/08

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
COSTELLA, BRUCE T  
11623 PURPLE LILAC CIRCLE  
ORLANDO, FL 32837

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000956055  
07/23/08-80002-011 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/08

Date

Daytime Phone #