


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000135093 1. Entity Name: AIR DUCT CLEANING & INSULATION INC.		
Principal Place of Business 11836 SEABURY PLACE JACKSONVILLE FL 32246	Mailing Address 11836 SEABURY PLACE JACKSONVILLE FL 32246	
2. Principal Place of Business - No P.O. Box # 11836 SEABURY PLACE	3. Mailing Address 11836 SEABURY PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



1st MOORE CR2E034 (10/07)

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 20-5771846	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32246	Country	Zip 32246	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEQUEIRA, JOSE M 11836 SEABURY PLACE JACKSONVILLE FL 32246	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

(NOTE: Registered Agent's signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	SEQUEIRA, JOSE M	NAME	
STREET ADDRESS	11836 SEABURY PLACE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	GRASS, OLGA G	NAME	
STREET ADDRESS	11836 SEABURY PLACE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	U00000797044
STREET ADDRESS		STREET ADDRESS	01/25/08-80058-009 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: JOSE SEQUEIRA Date: 1/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR