

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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**



03292008 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PETERS, HOWARD W
8100 126TH 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	

05/06/08-80050-008 150.00

**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 Sec/Treas 4/16/08 772-466-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #