


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 155888 1. Entity Name NU-AIR MANUFACTURING CO	
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Principal Place of Business 8105 ANDERSON RD. TAMPA, FL 33634	Mailing Address 8105 ANDERSON RD. TAMPA, FL 33634
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0591800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHAMBERS, ROSEMARIE 8105 ANDERSON RD. TAMPA, FL 33634

**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 _____
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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEVP HORNER, KENNETH F 6613 TWELVE OAKS BLVD TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO HORNER, CONCHITA E 100 W. DAVIS BLVD TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD CHAMBERS, ROSEMARIE 354 SHORE DRIVE EAST OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST CALVACCA, ADELINE 10237 PARSONS ST TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/05-80094-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 files empowered.

SIGNATURE:  **1/4/2005** **813-885-1654**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #