

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90064 006 ***150.00

DOCUMENT # 633634

1. Entity Name

NUAIRE END-DUST-RE, INC.



Principal Place of Business

722-D N BEAL PKWY
FORT WALTON BEACH FL 32547

Mailing Address

722-D N BEAL PKWY
FORT WALTON BEACH FL 32547

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1958721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEICHMAN, ROBERT A. SR.
722 N BEAL PKWY #D
FORT WALTON BEACH FL 32547

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WEICHMAN, ROBERT A. SR.
STREET ADDRESS 807 CHOCTAW LANE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ST ☐ Delete
NAME WEICHMAN, NORMA F.
STREET ADDRESS 807 CHOCTAW LANE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE VP ☐ Delete
NAME WEICHMAN, DAVID M.
STREET ADDRESS ~~3305 E LLOYD ST~~
CITY-ST-ZIP PENSACOLA FL 32503

TITLE VP ☐ Delete
NAME WEICHMAN, ROBERT A. JR.
STREET ADDRESS ~~1006 FAY DR~~
CITY-ST-ZIP ~~MARY ESTHER FL 32569~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *SAME*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *SAME*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *3804 N. 9th Ave.*
CITY-ST-ZIP *Pensacola FL 32503*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *36054 Unit 102 Emerald Coast Pky.*
CITY-ST-ZIP *Destin FL 32541*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Norma F Weichman NORMA F WEICHMAN

2-2-04

850862-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #