2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2005 8:00 am **DOCUMENT # F02000000791** Secretary of State 1. Entity Name 03-15-2005 90044 046 ***150.00 PLASTEC VENTILATION, INC. Mailing Address Principal Place of Business 301 PARK OF COMMERCE 2216 60TH DRIVE EAST BRADENTON FL 34203 301 PARK OF COMMERCE 2216 60TH DRIVE EAST BRADENTON FL 34203 50027005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 23-2975089 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MARION PYE, MARION L Street Address (P.O. Box Number is Not Acceptable) 1748 INDENPENDENCE BLVD., STE G-4 SARASOTA FL 34234 60 gh EAST Zip Code 34 20 3 Bradenton 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. uon SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. . . Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition HILE S ☐ Delete PYE. MARION L NAME NAME 2216 60TH DRIVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE SIROT, FREDERIC NAME STREET ADDRESS STREET ADDRESS 2216 60TH DRIVE EAST CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE TITLE NAME NAME CHAPEL, JEAN-LUC STREET ADDRESS STREET ADDRESS 2216 60TH DRIVE EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP

12. Thereby 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 empowered to execute this empowered to a 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.

OFFICER OF DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED