

2007 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # F05000005669

1. Entity Name

AMERICAN AIR FURNACE CO., INC.



Principal Place of Business
3945 BROOKHAM DRIVE
GROVE CITY OH 43123

Mailing Address
3945 BROOKHAM DRIVE
GROVE CITY OH 43123



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1342031**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2nd MOORE

CR2E034 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PODELCO, JAN
3630 WHIP POORWILL BLVD.
PUNTA GORDA FL 33950

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 \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME SLIEMERS, STEPHEN F
STREET ADDRESS 3945 BROOKHAM DRIVE
CITY-ST-ZIP GROVE CITY OH 43123 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000000773221
09/05/07-80002-010 550.00

TITLE VT
NAME SLIEMERS, MICHAEL
STREET ADDRESS 3945 BROOKHAM DRIVE
CITY-ST-ZIP GROVE CITY OH 43123 ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-28-07 614851-0099