

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000004088

1. Entity Name
AIR DIFFUSION PRODUCTS, INC.



Principal Place of Business
4045 PINES INDUSTRIAL AVENUE
ROCKLEDGE, FL 32955 US

Mailing Address
4045 PINES INDUSTRIAL AVENUE
ROCKLEDGE, FL 32955 US



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1659485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, MATTHEW T CPA
503 N ORLANDO AVE
SUITE 106
COCOA BEACH, FL 32931

**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 PD
NAME HUDSON, DONALD L
STREET ADDRESS 104 RIVERSIDE DR
CITY-ST-ZIP COCOA, FL 32922

TITLE DV
NAME HUDSON, TIMOTHY S
STREET ADDRESS 122 VALENCIA RD
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE SD
NAME DIECK, CAROL V
STREET ADDRESS 8766 LIVE OAK CT
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/24/05-80049-001 150.00

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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)(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:

Carol V. Dieck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05

Date

(321) 783-0557

Daytime Phone #