

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H94541

1. Entity Name
APPLIED OZONE TECHNOLOGIES, INC.



Principal Place of Business
333 FALKENBURG ROAD
C-306
TAMPA, FL 33619 US

Mailing Address
333 FALKENBURG ROAD
C-306
TAMPA, FL 33619 US

FILED
Apr 22, 2004 08:00 AM
Secretary of State



03022004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2627190

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, TONEY H.
295 SINCLAIR DRIVE
SARASOTA, FL 34240

**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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MURPHY, ROBERT J.
STREET ADDRESS	1441 JUMANA LOOP
CITY - ST - ZIP	APOLLO BEACH, FL
TITLE	D
NAME	MORGAN, H.H. JR.
STREET ADDRESS	1882 BRIAR CREEK PL
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	WILSON, TONEY H
STREET ADDRESS	295 SINCLAIR DRIVE
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	FOXWORTHY, H.R.
STREET ADDRESS	2180 CORNELL ST
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	WARRINGTON, H. MONROE
STREET ADDRESS	5800 CLARK RD
CITY - ST - ZIP	SARASOTA, FL
TITLE	D
NAME	COPLAND, ROBERT
STREET ADDRESS	4611 WINDSOR PK.
CITY - ST - ZIP	SARASOTA, FL

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04/22/04-80038-019 150.00

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/04 *813-657-6863*
Date Daytime Phone #