

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H94541 1. Entity Name APPLIED OZONE TECHNOLOGIES, INC.					
Principal Place of Business 333 FALKENBURG ROAD A-128 TAMPA, FL 33619 US			Mailing Address P.O. BOX 3340 APOLLO BEACH, FL 33572 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2627190	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, TONEY H. 295 SINCLAIR DRIVE SARASOTA, FL 34240				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD MURPHY, ROBERT J. 1441 JUMANA LOOP APOLLO BEACH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, H.H. JR. 1882 BRIAR CREEK PL SARASOTA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, TONEY H 295 SINCLAIR DRIVE SARASOTA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXWORTHY, H.R. 2180 CORNELL ST SARASOTA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARRINGTON, H. MONROE 6800 CLARK RD SARASOTA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPLAND, ROBERT 4611 WINDSOR PK. SARASOTA, FL	☐ Delete			
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.			04/04/06 815-657-6863		
SIGNATURE: <i>Robert Murphy</i>			04/04/06 815-657-6863		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		