

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44642

Entity Name: EXPERT-AIRE, INC.

FILED  
Aug 24, 2005  
Secretary of State

## Current Principal Place of Business:

5710 SHIRLEY ST  
NAPLES, FL 34109 US

## New Principal Place of Business:

## Current Mailing Address:

5710 SHIRLEY ST  
NAPLES, FL 34109 US

## New Mailing Address:

FEI Number: 59-2814013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUKOSAVICH, EDWARD D.  
2121 LAGUNA WAY  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

LUKOSAVICH, EDWARD  
6655 BOTTLEBRUSH LN  
NAPLES, FL 34109 US

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.

SIGNATURE: GAIL F LUKOSAVICH

08/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: LUKASAVICH, EDWARD D.  
Address: 6655 BOTTLEBRUSH LN.  
City-St-Zip: NAPLES, FL 34109

Title: VST ( ) Delete  
Name: LUKOSAVICH, GAIL F.  
Address: 6655 BOTTLEBRUSH LN.  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: LUKASAVICH, EDWARD  
Address: 6655 BOTTLEBRUSH LN.  
City-St-Zip: NAPLES, FL 34109

Title: VST (X) Change ( ) Addition  
Name: LUKOSAVICH, GAIL F  
Address: 6655 BOTTLEBRUSH LN.  
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL F LUKOSAVICH

V

08/24/2005

Electronic Signature of Signing Officer or Director

Date