## **2004 FOR PROFIT CORPORATION**

## Apr 26, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # K56729** 1. Entity Name MAXXAIR VENT CORP. Principal Place of Business Mailing Address 5513 W. SLIGH AVE. 5513 W. SLIGH AVE. TAMPA, FL 33634 TAMPA, FL 33634 03092004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2931675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, ALLEN, C DO NOT WRITE 5513 W. SLIGH AVE **TAMPA, FL 33634** 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 000000130707 04/26/04-80129-004 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE THOMAS, ALLEN C. NAME 5513 W SLIGH AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is I hereby certify that the information supplied with his filling indicated on this report or supplemental reports true and of the corporation or the receiver or truster changed, or on an attachment with an ad-

SIGNATURE:

TITLE NAME STREET ADDRESS CHTY-ST-ZIP

**FILED**