MAR-29-2005 TUE 04:17 PM BRIGID D SOLDAVINI,CPA FAX

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90336 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K75481

1. Entity Name
AIR TREATMENT, INC.

50038242

Principal Place of Business	Mailing Address
1101-E SUN CENTURY RD NAPLES, FL 34110-432 US	1101-E SUN CENTURY RD NAPLES, FL 34110-432 US

03292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
20828 Charing Cross Cir	20828 Charing Cross Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ESTERO, FL	City & State: ESTERO, FL
Zip: 33928 Country: USA	Zip: 33928 Country: USA

4. FEI Number 65-0107554 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, ALLEN D.
20828 CHARING CROSS CIRCLE
ESTERO, FL 33928

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 ______________________
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ALLEN D. 20828 CHARING CROSS CIR. ESTERO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JANET V. 20828 CHARING CROSS CIR. ESTERO, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

JANET V. THOMAS

SIGNATURE: Janet V. Thomas, Secretary / Treas. 3-30-05 (239) 598-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #