


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # K79424 1. Entry Name FILTERS INTERNATIONAL, INC.		
Principal Place of Business 5843 COMMERCE STREET JACKSONVILLE, FL 32211	Mailing Address 5843 COMMERCE STREET JACKSONVILLE, FL 32211	
DO NOT WRITE IN THIS SPACE		



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2938412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILL, CONSTANCE O. 5843 COMMERCE STREET JACKSONVILLE, FL 32211	DO NOT WRITE IN THIS SPACE
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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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HILL, BRENT 5843 COMMERCE STREET JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HILL, CONSTANCE O 5843 COMMERCE STREET JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HILL, JIMMY K 5843 COMMERCE ST JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HILL, BRENT TROY 5843 COMMERCE ST JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HILL, SHERRY J 5843 COMMERCE STREET JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000133857
04/27/04-80104-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brent Hill Brent Hill 04/26/04 904-784-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #