


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



04262005 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**

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

TITLE	DP
NAME	HILL, BRENT
STREET ADDRESS	5843 COMMERCE STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	V
NAME	HILL, CONSTANCE O
STREET ADDRESS	5843 COMMERCE STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	T
NAME	HILL, JIMMY K
STREET ADDRESS	5843 COMMERCE ST
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	SD
NAME	HILL, BRENT TROY
STREET ADDRESS	5843 COMMERCE ST
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	S
NAME	HILL, SHERRY J
STREET ADDRESS	5843 COMMERCE STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

110000345806
04/30/05-80052-003 150.00

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05
Date

904-744-0224
Daytime Phone #