

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000097289

1. Entity Name  
HEALTHIER INDOOR AIR INC.



Principal Place of Business  
6788 HENDRY DR  
LAKE WORTH, FL 33463

Mailing Address  
6788 HENDRY DR  
LAKE WORTH, FL 33463

**FILED**  
**Jul 24, 2008 08:00 AM**  
**Secretary of State**



07212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1046940  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MESA, HAYDEE  
6788 HENDRY DR  
LAKE WORTH, FL 33463

**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

000000956255  
07/24/08-80005-009 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MESA, ROGER
STREET ADDRESS	6788 HENDRY DR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	MESA, HAYDEE
STREET ADDRESS	6788 HENDRY DR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 2008 561-641-5966  
Date Daytime Phone #