2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000086988

1. Entity Name
AIR PROCESSING SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4100 N POWERLINE RD, STE Y-1 POMPANO BEACH, FL 33073	4100 N POWERLINE RD, STE Y-1 POMPANO BEACH, FL 33073

DO NOT WRITE IN THIS SPACE

03022004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
35-2177765	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALTHERR, JOSEPH A JR
4100 N POWERLINE RD, STE Y-1
POMPANO BEACH, FL 33073

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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 _____ J.A. ALTHERR JR.   3/20/04

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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U000000096357 03/25/04-80026-015 158.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ALTHERR, JOSEPH A JR
STREET ADDRESS	4100 N POWERLINE RD, STE Y-1
CITY-ST-ZIP	POMPANO BEACH, FL 33073

TITLE	
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CITY-ST-ZIP	

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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.

SIGNATURE: _____ J.A. ALTHERR JR   3/20/04 (954) 970-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #