## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000086988

Name:

Address:

City-St-Zip:

( ) Delete

721 PARKSIDE CIRCLE NORTH

BOCA RATON, FL 33486 US

ALTHERR, JEANNE M

Entity Name: AIR PROCESSING SERVICES OF FLORIDA INC

FILED Aug 04, 2009 Secretary of State

Littly Nai	HE. AIR FR	JCLSSING SERVICES OF FEC	JRIDA, IIN	O.		
Current Principal Place of Business:				New Principal Place of Business:		
4100 N POWERLINE RD, STE A-5 POMPANO BEACH, FL 33073				4100 N POWERLINE RD, SUITE A5 POMPANO BEACH, FL 33073		
Current Mailing Address:				New Mailing Address:		
4100 N POWERLINE RD, STE A-5 POMPANO BEACH, FL 33073				4100 N POWERLINE RD SUITE A5 POMPANO BEACH, FL 33073		
FEI Number:	35-2177765	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ALTHERR, JOSEPH A JR 4100 N POWERLINE RD, STE A-5 POMPANO BEACH, FL 33073 US  The above named entity submits this statement for the purpose of				ALTHERR, JOSEPH A JR 4100 N POWERLINE RD SUIT A5 POMPANO BEACH, FL 33073 US		
	of Florida.	submits this statement for the	pui pose o	r changing its registere	d office of registered agent, or both,	
SIGNATURE:				08/04/2009		
Election Car	ce with s. 607.1	onic Signature of Registered Ag 193(2)(b), F.S., the corporation did n ng Trust Fund Contribution ( ). CTORS:		•	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ALTHERR, JO 4100 N POW	) Delete OSEPH A JR ERLINE RD, STE A-5 EACH, FL 33073 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MURPHY, KIN 3201 GOLDE	) Delete //IBERLY A NOAK CIRCLE K, TX 78681 US		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	V.P. (	) Delete		Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH A. ALTHERR **PRES** 08/04/2009

() Change () Addition