

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000119005

1. Entity Name
FLORIDA COMPRESSOR CORP.



Principal Place of Business

13712 66TH STREET N., UNIT 27 A&B
LARGO, FL 33711

Mailing Address

13712 66TH STREET N., UNIT 27 A&B
LARGO, FL 33711



05182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0538267	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYER, BRIAN
13712 66TH STREET N., UNIT 27 A&B
LARGO, FL 33711

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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

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ROYER, BRIAN
13712 66TH STREET N., UNIT 27 A&B
LARGO, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
ROYER, ANGELA TD
13712 66TH STREET N., UNIT 27 A&B
LARGO, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/20/04-80003-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #