

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000077130



Entity Name
ANESTHESIA EQUIPMENT SERVICE AND SUPPLY,

Principal Place of Business
**217 ALTAMONTE COMMERCE BLVD.
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**217 ALTAMONTE COMMERCE BLVD.
#1232
ALTAMONTE SPRINGS FL 32714**



Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

05-0580997

Applied For
Not Applied

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINQUIST, CLAUDE N
217 ALTAMONTE COMMERCE BLVD
SUITE 1232
ALTAMONTE SPRINGS FL 32714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, the above named entity, submit 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

01-29-06

**FILE NOW!!! FEE IS \$150.00
(After May 1, 2006 Fee Will Be \$550.00)
Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**PSTD
WINQUIST, CLAUDE N
217 ALTAMONTE COMMERCE BLVD. #1232
ALTAMONTE SPRINGS FL 32714**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

**U000007387510
01/30/06-80052-019 150.00**

**PSTD
WINQUIST, CLAUDE N
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLAUDE WINQUIST 012006 80052019