2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090877

MAITLAND, CAROLYN

6920 NW DAFFODIL LANE

PORT ST. LUCIE, FL 34983

Name:

Address:

City-St-Zip:

Entity Name: AIRTRONICS OF THE TREASURE COAST, INC

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	RTH U.S. HWY E, FL 34946	1			
Current Mailing Address:			New Mailing Address:		
1110 S. 11 FT PIERC	ITH ST E, FL 34950				
FEI Number	: 05-0587250	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
3900 NOR	D, CAROLYN RTH U.S. HWY E, FL 34946	1 US	DINELEY, SANDRA E 3900 NORTH U.S. HW FT PIERCE, FL 34946		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: SANDRA E. DINELEY				04/01/2008	
Electronic Signature of Registered Agen			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P (DINELEY, DAV 1110 SOUTH 1 FT PIERCE, FI	1TH ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (DINELEY, SAN 1110 SOUTH 1 FORT PIERCE	1TH STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T (MAITLAND, JO 6920 NW DAF PORT ST. LUC	FODIL LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () 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: SANDRA E DINELEY V 04/01/2008