

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90367 033 ***150.00

DOCUMENT # P04000115594 1. Entity Name AERO-HOSE CORP.					
Principal Place of Business 1845 TOWN CENTER BLVD. 140 ORANGE PARK, FL 32003 US			Mailing Address 1845 TOWN CENTER BLVD. 140 ORANGE PARK, FL 32003 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1913807	
				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		
DEAKTER, MICHAEL A 400 SOUTH U.S. HWY. ONE 104 JUPITER, FL 33477			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DEAKTER, MICHAEL A		NAME		
STREET ADDRESS	400 SOUTH U.S. HWY ONE # 104		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEMIEUX, JOE SR.		NAME		
STREET ADDRESS	1889 MEDIAH LANE, STE. A		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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			3/18/05 904-215-9638 Date Daytime Phone #		

50041565



02022005 Chg-P CR2E034 (10/03)

4. FEI Number
14-1913807

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

**DEAKTER, MICHAEL A
400 SOUTH U.S. HWY. ONE
104
JUPITER, FL 33477**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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GREEN COVE SPRINGS, FL 32043** ☐ Delete

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 **904-215-9638**
Date Daytime Phone #