


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000115594</b>	
1. Entity Name <b>AERO-HOSE CORP.</b>	

Principal Place of Business <b>1845 TOWN CENTER BLVD. 140 ORANGE PARK, FL 32003 US</b>	Mailing Address <b>1845 TOWN CENTER BLVD. 140 ORANGE PARK, FL 32003 US</b>
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**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>14-1913807</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 re-instating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>PRES</b>	NAME <b>DEAKTER, MICHAEL A</b>
STREET ADDRESS <b>400 SOUTH U.S. HWY ONE # 104</b>	
CITY-ST-ZIP <b>JUPITER, FL 33477</b>	
TITLE <b>VP</b>	NAME <b>LEMIEUX, JOE SR.</b>
STREET ADDRESS <b>1889 MEDIAH LANE, STE. A</b>	
CITY-ST-ZIP <b>GREEN COVE SPRINGS, FL 32043</b>	
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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04/22/08-80045-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **VP AeroHose** **4-7-08 (904) 2159618**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #