

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000170479

Entity Name: AIR DOCTOR 2, INC.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

464 E. DOUGLAS RD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

464 E. DOUGLAS RD  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 20-2024493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABBERGER, WILLIAM PRES  
464 E. DOUGLAS RD  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: ABBERGER, WILLIAM III  
Address: 464 E. DOUGLAS RD  
City-St-Zip: OLDSMAR, FL 34677

Title: VSD  
Name: LUCKER, JAMES  
Address: 464 E. DOUGLAS RD  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: JAMES R. LUCKER

VSD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date