

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90157 007 ***150.00

DOCUMENT # P06000031756

1. Entity Name
COMPRESSED AIR FILTER TECHNOLOGIES, INC. NEW CORP



Principal Place of Business
**4501 126TH AVENUE NORTH
CLEARWATER, FL 33762**

Mailing Address
**4501 126TH AVENUE NORTH
CLEARWATER, FL 33762**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007

Chg-P

CR2E034 (12/06)

4. FEI Number **20-4469235**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROOLFIELD, IRENE
4501 126TH AVENUE NORTH
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
O'BRIEN, EDWARD F III
4501 126TH AVENUE NORTH
CLEARWATER, FL 33762**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
O'BRIEN, CHRISTOPHER M
4501 126TH AVENUE NORTH
CLEARWATER, FL 33762**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BROOKFIELD, IRENE
9625 MERRIMOOR BLVD
LARGO, FL 33777**

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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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: **CHRISTOPHER M. O'BRIEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/07

Date

727-573-5045

Daytime Phone #