

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90001 008 \*\*\*150.00

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # P06000146098</b>  |   |   |   |  |  |
| <b>1. Entity Name</b><br>VENT DOCTOR, INC   |   |   |   |   |  |
| <b>Principal Place of Business</b><br>521 MAYDELL DR<br>APT B<br>TAMPA, FL 33619  |   |   | <b>Mailing Address</b><br>521 MAYDELL DR<br>APT B<br>TAMPA, FL 33619  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   | <b>4. FEI Number</b><br>20-592 0926   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>NOWACK, DAVID J<br>521 MAYDELL DR<br>APT B<br>TAMPA, FL 33619   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>  |   | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>NOWACK, DAVID J<br>521 MAYDELL DR<br>TAMPA, FL 33619 | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |   |   |  |
| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b>    |   |   |   | 9-2-08 813-480-1631<br>Date Daytime Phone #                                       |  |