

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146098

Entity Name: VENT DOCTOR, INC

FILED  
Mar 02, 2009  
Secretary of State

## Current Principal Place of Business:

521 MAYDELL DR  
APT B  
TAMPA, FL 33619

## New Principal Place of Business:

521 MAYDELL DR  
SUITE # B  
TAMPA, FL 33619

## Current Mailing Address:

521 MAYDELL DR  
APT B  
TAMPA, FL 33619

## New Mailing Address:

521 MAYDELL DR  
SUITE # B  
TAMPA, FL 33619

FEI Number: 20-5920926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOWACK, DAVID J  
521 MAYDELL DR  
APT B  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

NOWACK, DAVID J  
521 MAYDELL DR  
SUITE # B  
TAMPA, FL 33619 US

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:

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NOWACK, DAVID J  
Address: 521 MAYDELL DR  
City-St-Zip: TAMPA, FL 33619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NOWACK, DAVID J  
Address: 521 MAYDELL DR SUITE #B  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: D.J. NOWACK

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date