

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2 Mar 13, 2008 8:00 am  
Secretary of State

02-22-2008 90020 014 \*\*\*150.00

<b>DOCUMENT # P07000038055</b> 1. Entity Name <b>VENT COVERS, INC.</b>			
Principal Place of Business <b>8640 NW 48TH ST LAUDERHILL FL 33351</b>		Mailing Address <b>8640 NW 48TH ST LAUDERHILL FL 33351</b>	
2. Principal Place of Business - No P.O. Box # <b>10161 NW 46 ST</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>SUNRISS, FL</b>		City & State City: _____ State: _____	
Zip <b>33351</b>	Country <b>USA</b>	4. FEI Number <b>20-9923703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent  <b>HEMMER, MICHAEL 8640 NW 48TH ST - LAUDERHILL FL 33351</b>		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: <b>FL</b> 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: <u>Michael Hemmer</u> DATE: <u>1-29-08</u> <small>Signature, typed or printed name of registered agent and state if applicable. NOTE: Registered Agent signature required when transferring.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>HEMMER, MICHAEL</b> STREET ADDRESS: <b>8640 NW 48TH ST</b> CITY-STATE-ZIP: <b>LAUDERHILL FL 33351</b>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Michael Hemmer</u> <b>PRSS / DIRECTOR</b> DATE: <u>1-29-08</u> <b>954-358-5823</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			