

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 048 ***550.00

DOCUMENT # P07000103024

1. Entity Name
INDOOR AIR CARE, INC.



Principal Place of Business
**1623 SE GREEN ACRES CIR., SUITE X101
PORT ST. LUCIE, FL 34952**

Mailing Address
**1623 SE GREEN ACRES CIR., SUITE X101
PORT ST. LUCIE, FL 34952**

40110000



2. Principal Place of Business - No P.O. Box #
1623 SE Green acres cir
Suite, Apt. #, etc.
X-101

3. Mailing Address
1623 S.E Green acres cir
Suite, Apt. #, etc.
X-101

07172008 Chg-P CR2E034 (12/06)

City & State
Port Saint Lucie FL

City & State
Port Saint Lucie FL

Zip
34952

Country
ST Lucie

Zip
34952

Country
ST Lucie

4. FEI Number
51-0647909

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GUILLEMI, FREDDY
1623 SE GREEN ACRES CIR., SUITE X101
PORT ST. LUCIE, FL 34952**

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

09-01-08

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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	<input type="checkbox"/> Delete
PD	GUILLEMI, FREDDY	1623 SE GREEN ACRES CIR., SUITE X101	PORT ST. LUCIE, FL 34952	<input type="checkbox"/>
VD	GUILLEMI, EVELIO	1623 SE GREEN ACRES CIR., SUITE X101	PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____

[Handwritten Signature]