

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90031 019 ***150.00

DOCUMENT # P93000075075

1. Entity Name

TRU-AIR, INC.



Principal Place of Business

1395 NW 17TH AVE
#104
DELRAY BEACH FL 33445
US

Mailing Address

1395 NW 17TH AVE
#104
DELRAY BEACH FL 33445
US

2. Principal Place of Business

1395 NW 17th AVENUE

3. Mailing Address

1395 NW 17th AVENUE

Suite, Apt. #, etc.

SUITE 111

Suite, Apt. #, etc.

SUITE 111

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

US

Zip

33445

Country

US

4. FEI Number

65-0447456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUZZOLINO, JOSEPH
1395 NW 17TH AVE
STE 104
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

TRUZZOLINO, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

1395 NW 17th AVENUE

SUITE 111

City

DELRAY BEACH

FL

Zip Code

33445

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

Joseph Truzzolino

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

(NOTE: Registered Agent signature required when reinstating)

2/4/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TRUZZOLINO JOSEPH ☐ Delete
STREET ADDRESS 1395 NW 17TH AVE - #104
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE S
NAME MARY ANN TRUZZOLINO ☐ Delete
STREET ADDRESS 1395 NW 17TH AVE - #104
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition
NAME TRUZZOLINO, JOSEPH
STREET ADDRESS 1395 NW 17th AVENUE, SUITE 111
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE S ☐ Change ☐ Addition
NAME TRUZZOLINO, MARY ANN
STREET ADDRESS 1395 NW 17th AVENUE, SUITE 111
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph Truzzolino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2/4/04

Date

561-278-6677

Daytime Phone #