2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087535

705 TOMOAKA DRIVE

PALM HARBOR, FL 34683

Address:

City-St-Zip:

Entity Name: AUSTIN RESPIRATORY EQUIPMENT, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	ELCHER RD. ATER, FL 33765	5 US					
Current Mailing Address:				New Mailing Address:			
	ELCHER RD. ATER, FL 33765	5 US					
FEI Number:	: 59-3216090	FEI Number Applied Fo	or() FEIN	umber Not App	licable ()	Certificate of Status Desired	()
Name and	Address of Cu	ırrent Registered Ag	jent:	Name and Address of New Registered Agent:			
	ANDY ELCHER RD. ATER, FL 33765	5 US					
	named entity su e of Florida.	ubmits this statement	for the purpose	of changing	ts register	ed office or registered agent, o	r both,
SIGNATU	RE:						
	Electronic	Signature of Registe	ered Agent			Date	
Election Car	mpaign Financing	Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E JONES, SANDY 705 TOMOKA DR PALM HARBOR, I			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	VP () D	Delete		Title: Name	VP JONES JA	(X) Change () Addition	

Address:

City-St-Zip:

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PALM HARBOR, FL 34683

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: SANDY JONES PRES 02/06/2009