

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000076404

1. Entity Name  
AIR O QUIP CORP.



Principal Place of Business  
250 JASMINE ROAD  
CASSELBERRY, FL 32718

Mailing Address  
P.O. BOX 180308  
CASSELBERRY, FL 32718



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3347980

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BURD, TERRY  
250 JASMINE ROAD  
CASSELBERRY, FL 32718

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U000000220591

02/08/05-80076-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BURD, TERRY  
STREET ADDRESS 250 JASMINE ROAD  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE SD  
NAME BURD, PHYLLIS  
STREET ADDRESS 250 JASMINE RD  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D  
NAME BURD, CAROLINE G  
STREET ADDRESS 250 JASMINE RD  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D  
NAME BURD, JESSE H  
STREET ADDRESS 250 JASMINE ROAD  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D  
NAME CADENA, TERESA A  
STREET ADDRESS 250 JASMINE ROAD  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

Date

407-831-3600

Daytime Phone #