

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90005 025 ***150.00

DOCUMENT # P94000080707



1. Entity Name
MICRONAIR, INC.

Principal Place of Business
163 ACORN LANE
COLCHESTER, VT 05446 US

Mailing Address
163 ACORN LANE
COLCHESTER, VT 05446 US

DO NOT WRITE IN THIS SPACE

94004176
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01112004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3276235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POWELL, MARY
STREET ADDRESS 163 ACORN LANE
CITY-ST-ZIP COLCHESTER, VT 05446

TITLE T
NAME GRIFFIN, ROBERT
STREET ADDRESS 163 ACORN LANE
CITY-ST-ZIP COLCHESTER, VT 05446

TITLE D
NAME MASON, ROBERT A
STREET ADDRESS 163 ACORN LN
CITY-ST-ZIP COLCHESTER, VT 05446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1/14/04

Date

8026558407

Daytime Phone #