

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90037 048 \*\*\*158.75

DOCUMENT # P95000001961

1. Entity Name

A FRESH AIR DUCT CLEANING SERVICE, INC.



Principal Place of Business

814 COCHRAN DRIVE  
LAKE WORTH FL 33461  
US

Mailing Address

3800 WASHINGTON ROAD  
712  
WEST PALM BEACH FL 33405  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7344 CATALINA CLUB CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

LAKE WORTH, FL

4. FEI Number

65-0550032

Applied For

Not Applicable

Zip

Country

Zip

33461

Country

FLA BRAD

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, MANUEL J  
3800 WASHINGTON ROAD  
WEST PALM BEACH FL 33405

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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          | PC                       | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, MANUEL J       |                                 |
| STREET ADDRESS | 3800 WASHINGTON ROAD     |                                 |
| CITY- ST- ZIP  | WEST PALM BEACH FL 33405 |                                 |
| TITLE          | S                        | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, AMANDA V       |                                 |
| STREET ADDRESS | 3800 WASHINGTON ROAD     |                                 |
| CITY- ST- ZIP  | WEST PALM BEACH FL 33405 |                                 |
| TITLE          | VP                       | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, BRENDA M       |                                 |
| STREET ADDRESS | 3800 WASHINGTON RD       |                                 |
| CITY- ST- ZIP  | WEST PALM BEACH FL 33405 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY- ST- ZIP  |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Manuel J. Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-08

Date

Daytime Phone #