


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000008307		
1. Entity Name PROCESSED COMPRESSORS, INC.		

Principal Place of Business	Mailing Address
3711 W. WALNUT ST TAMPA, FL 33607 US	3711 W. WALNUT ST TAMPA, FL 33607 US

**DO NOT WRITE IN THIS SPACE**

01172005 No Chg-P CR2E034 (10/03)

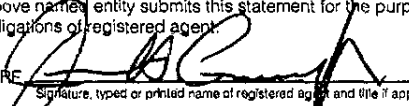
4. FEI Number 59-3302703	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARROLL, JAMES H JR.  
3711 W WALNUT ST  
TAMPA, FL 33607

**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.

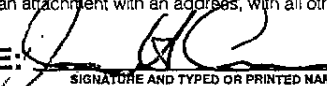
SIGNATURE  JAMES H. CARROLL, JR. 3/30/05

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000289583 04/06/05-80032-008 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CARROLL, JAMES H JR 3711 W WALNUT ST TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VIBBERT, FRANK 3711 W WALNUT ST TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, PHILIP R 1010 BAY HARBOUR PLACE TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARROLL, BETTY M. 3711 W WALNUT ST TAMPA, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(f), 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:  JAMES H. CARROLL, JR. 3/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #