


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000008307</b>	
1. Entity Name <b>PROCESSED COMPRESSORS, INC.</b>	

Principal Place of Business <b>3711 W. WALNUT ST TAMPA, FL 33607 US</b>	Mailing Address <b>3711 W. WALNUT ST TAMPA, FL 33607 US</b>
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03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>CARROLL, JAMES H JR 3711 W WALNUT ST TAMPA, FL 33607</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
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	

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04/11/06-80079-023 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **3/21/06 812-879-5790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #