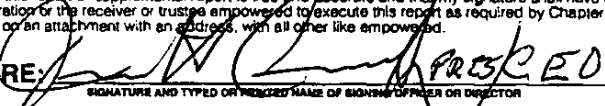


2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/15

FILED
Feb 13, 2007 8:00 am
Secretary of State

01-19-2007 90021 048 ***158.75

DOCUMENT # P95000008307 1. Entity Name PROCESSED COMPRESSORS, INC.					
Principal Place of Business 3711 W. WALNUT ST TAMPA, FL 33607 US			Mailing Address 3711 W. WALNUT ST TAMPA, FL 33607 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3302703	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CARROLL, JAMES H JR 3711 W WALNUT ST TAMPA, FL 33607				7. Name and Address of New Registered Agent 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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CARROLL, JAMES H JR 3711 W WALNUT ST TAMPA, FL 33607	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VIBBERT, FRANK 3711 W WALNUT ST TAMPA, FL 33607	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARROLL, PHILIP R 1010 BAY HARBOUR PLACE TAMPA, FL 33607	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARROLL, BETTY M. 3711 W WALNUT ST TAMPA, FL 33607	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
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:  2/8/07 813-879-5790 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR					