


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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	



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

02/19/08 00041-010 159.75

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 3318 E SEVILLA CIRCLE TAMPA, FL 33629
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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08

Date

Daytime Phone #