

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000009221

1. Entity Name  
PRO-AIR OF TALLAHASSEE, INC.



Principal Place of Business  
5505-A CAPITAL TENNESSEE BLVD.  
TALLAHASSEE, FL 32303 US

Mailing Address  
606 ST PATRICK DR  
TALLAHASSEE, FL 32310 US

FILED

2004 MAY 28 PM 2: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3290588

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYES, BRIAN T  
245 EAST WASHINGTON ST.  
MONTICELLO, FL 32344

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

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	DS MILLS, KELLY 606 ST PATRICK DR TALL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULLER, BRUCE PO BOX 623 ST. MARKS, FL 32355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLS, TOM 606 ST. PATRICK DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500037630135  
06/03/04--01038--023 \*\*550.00

DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Kelly Mills Secretary 5/26/04 850 576-7361