

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009221

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: PRO-AIR OF TALLAHASSEE, INC.

## Current Principal Place of Business:

5505-A CAPITAL TENNESSEE BLVD.  
TALLAHASSEE, FL 32303 US

## New Principal Place of Business:

## Current Mailing Address:

606 ST PATRICK DR  
TALLAHASSEE, FL 32310 US

## New Mailing Address:

FEI Number: 59-3290588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: MILLS, KELLY  
Address: 606 ST PATRICK DR  
City-St-Zip: TALL, FL

Title: V ( ) Delete  
Name: FULLER, BRUCE  
Address: PO BOX 623  
City-St-Zip: ST. MARKS, FL 32355

Title: DP ( ) Delete  
Name: MILLS, TOM  
Address: 606 ST. PATRICK DR.  
City-St-Zip: TALLAHASSEE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition  
Name: MILLS, KELLY  
Address: 606 ST PATRICK DR  
City-St-Zip: TALL, FL 32310

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: MILLS, TOM  
Address: 606 ST. PATRICK DR.  
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY MILLS

DS

04/25/2005

Electronic Signature of Signing Officer or Director

Date