

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039759

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: ANTHRA FILTER, INC.

## Current Principal Place of Business:

475 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG, FL 33701 US

## Current Mailing Address:

C/O ERNEST L. MASCARA, PA  
475 CENTRAL AVENUE, SUITE 202  
ST. PETERSBURG, FL 33701 US

FEI Number: 65-0585170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASCARA, ERNEST L  
475 CENTRAL AVENUE  
SUITE 202  
ST. PETERSBURG, FL 33701 US

## New Principal Place of Business:

C/O ERNEST L. MASCARA  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 US

## New Mailing Address:

C/O ERNEST L. MASCARA  
PO BOX 266  
ST. PETERSBURG, FL 33731 US

## Name and Address of New Registered Agent:

MASCARA, ERNEST L  
721 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33701 US

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: ERNEST L. MASCARA

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LONEY, J. DAVID  
Address: 20 SHARP ROAD  
City-St-Zip: BRANTFORD, ON N3T 5L8 CA

Title: VPS ( ) Delete  
Name: LONEY, JOAN I  
Address: 20 SHARP ROAD  
City-St-Zip: BRANTFORD, ON N3T 5L8 CA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: J. DAVID LONEY

DPT

03/05/2008

Electronic Signature of Signing Officer or Director

Date