

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000085699

1. Entity Name
AMERICAN RESPIRATORY SOLUTIONS, INC.



Principal Place of Business
**1125 N. SUMMIT STREET
CRESCENT CITY, FL 32112**

Mailing Address
**1125 N. SUMMIT STREET
CRESCENT CITY, FL 32112**



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3409318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTLER, WILLIAM E
1125 N SUMMIT ST.
CRESCENT CITY, FL 32112**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	FLETCHER, WARREN D
STREET ADDRESS	ROUTE 309 CEDAR COVE
CITY-ST-ZIP	GEORGETOWN, FL 32139

TITLE	P
NAME	BUTLER, WILLIAM E
STREET ADDRESS	229 KIRKWOOD AVE.
CITY-ST-ZIP	POMONA PARK, FL 32181

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80123-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

William E. Butler **WILLIAM E. BUTLER**

4/24/05

(386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #