

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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

DOCUMENT # P97000008566	
1. Entity Name APPLIED DEHUMIDIFICATION, INC.	
Principal Place of Business 110 SOUTH ARMENIA AVENUE TAMPA, FL 33609	Mailing Address 110 SOUTH ARMENIA AVENUE TAMPA, FL 33609



DO NOT WRITE IN THIS SPACE

02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3429378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERGUSON, JULIE
110 SOUTH ARMENIA AVENUE
TAMPA, FL 33609**

**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) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, JULIE 110 S ARMENIA AVE TAMPA, FL 33609
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**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)(f), 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

4/5/05 **4(813)258-6609**
Date Daytime Phone #