

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 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
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CRZE034 (11/05)

4. FE Number 59-3429378	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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 _____
Signature, name of officer or director or registered agent for the above cases. (Not to be signed by Agent or anyone else.) JATs

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FERGUSON, JULIE 110 S ARMENIA AVE TAMPA, FL 33609
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100000130988
02/23/06-30010-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowerments.

SIGNATURE:  **2/8/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR