

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000032323

1. Entity Name
AGE FILL TECHNOLOGIES, INC.



Principal Place of Business

PMB 236
21218 ST. ANDREWS BLVD
BOCA RATON, FL 33433

Mailing Address

PMB 236
21218 ST. ANDREWS BLVD
BOCA RATON, FL 33433

FILED

04 APR 30 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3441408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILDNER, ROY T
423 DELAWARE AVENUE
FORT PIERCE, FL 34950

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME POLLOCK, RICHARD
STREET ADDRESS 21218 ST. ANDREWS BLVD.
CITY - ST - ZIP BOCA RATON, FL 33433

TITLE P
NAME BERRY, ANDREW J
STREET ADDRESS 301 SE 8TH AVENUE
CITY - ST - ZIP DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

100035791161
05/10/04--01004--022 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #