

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000027234

1. Entity Name
ALLPURE FILTRATION, INC.



Principal Place of Business
P.O. BOX 276
CAPE CORAL, FL 33910

Mailing Address
PO BOX 100276
CAPE CORAL, FL 33910

FILED
Feb 11, 2004 08:00 AM
Secretary of State



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POULOS-LADEMAN, CARRIE E
3200 TAMiami TRAIL N
STE 200
NAPLES, FL 34103

**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

000000045856
02/11/04-80079-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POULOS, JOANN
STREET ADDRESS	5013 SW 26 PL.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	POULOS, JEFFREY J
STREET ADDRESS	15350 AMBERLY DR., #1523
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

JoAnn Poulos *JoAnn Poulos* *V.R. 2-6-04* *239-540-8550*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #