

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2007 08:00 AM
Secretary of State**

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



01282007 No Chg-P OR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2007 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	POULOS, JOANN
STREET ADDRESS	5013 SW 28 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	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/07-80010-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-07

Date

239-540-8550

Daytime Phone #