


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000053281 1. Entity Name FILTER EQUIPMENT TECHNOLOGIES, INC.		
Principal Place of Business 1003 SE 12TH AVE., UNIT 1 CAPE CORAL, FL 33990	Mailing Address 1003 SE 12TH AVE., UNIT 1 CAPE CORAL, FL 33990	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOLMAN, THOMAS M 1003 SE 12TH AVE., UNIT 1 CAPE CORAL, FL 33990		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HOLMAN, THOMAS M 1003 SE 12TH AVE UNIT #1 CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SABA, LEON D 8130 DESONTE LN NORTH FORT MYERS, FL 33917	
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		
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: <u>Thomas M. Holman</u> THOMAS M. HOLMAN 4/15/05 239-458-8522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0891533

Applied For
Not Applicable

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

U00000309952
04/16/05-80057-025 150.00

**DO NOT WRITE
IN THIS SPACE**