

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90013 027 ***150.00

DOCUMENT # S06467

1. Entity Name

AIRFLOW MECHANICAL, INC.



Principal Place of Business

900 EAU GALLIE BLVD.
MELBOURNE FL 32935
US

Mailing Address

900 EAU GALLIE BLVD
MELBOURNE FL 32935
US

2. Principal Place of Business

900 Eau Gallie Blvd.

Suite, Apt. #, etc.

Melbourne, FL

City & State

32935

Zip

Country

USA

3. Mailing Address

900 Eau Gallie Blvd.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32935

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3050466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, BRIAN K
11324 E IRIO BRONSON HWY
SAINT CLOUD FL 34773

7. Name and Address of New Registered Agent

Name

Brian K Crosby

Street Address (P.O. Box Number is Not Acceptable)

11324 E. Irio Bronson Hwy

City

St. Cloud

FL

Zip Code

34773

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME COOK, MICHAEL

STREET ADDRESS 721 PEPPER

CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Delete

NAME CROSBY, BRIAN K

STREET ADDRESS 1985 MCCAIN LANE

CITY-ST-ZIP MALABAR FL 32950

TITLE ☐ Delete

NAME CROSBY, SHEILA

STREET ADDRESS 1985 MCCAIN LANE

CITY-ST-ZIP MALABAR FL 32950

TITLE ☐ Delete

NAME BLAIR, JOEL

STREET ADDRESS 1573 FARSO

CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

BRIAN K Crosby

Date

Daytime Phone #

1/26/04 321-259-6070