

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S66915**

1. Entity Name  
FILTRATION SOLUTIONS, INC.



Principal Place of Business

4270 NE 23RD AVE  
LIGHTHOUSE POINT, FL 33064 US

Mailing Address

P.O. BOX 5070  
LIGHTHOUSE POINT, FL 33074



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0268107

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHROETER, L. CAROLYNN  
4270 NORTHEAST 23RD AVENUE  
LIGHTHOUSE POINT, FL 33074

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHROETER, L. CAROLYNN  
STREET ADDRESS 4270 N.E. 23RD AVENUE  
CITY-ST-ZIP LIGHTHOUSE PT., FL

TITLE EV  
NAME SCHROETER, E. CHARLES  
STREET ADDRESS 4270 N.E. 23RD AVENUE  
CITY-ST-ZIP LIGHTHOUSE PT., FL

TITLE SD  
NAME SCHROETER, L. CAROLYNN  
STREET ADDRESS 4270 N.E. 23RD AVENUE  
CITY-ST-ZIP LIGHTHOUSE PT., FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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01/07/08-80020-012 150.00

**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

Date

Daytime Phone #