


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 406271**  
1. Entity Name  
**HAGOPIAN AIR CONDITIONING, INC.**



Principal Place of Business      Mailing Address  
99353 OVERSEAS HWY      P.O. BOX 804  
PO BOX 804      KEY LARGO, FL 33037 US  
KEY LARGO, FL 33037

**DO NOT WRITE IN THIS SPACE**



01032007    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-1414204	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HAGOPIAN, JACK  
167 OCEAN SHORES DRIVE  
KEY LARGO, FL 33037

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	D HAGOPIAN, JACK H OCEAN SHORES DR. KEY LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COCHRANE CAROLYN A. 308 BUTTOWOOD CR. KEY LARGO, FL
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01/09/07-80002-004 150.00

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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: Carolyn A. Cochrane    1/9/07    305-451-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #