


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
1 Mar 03, 2008 8:00 am
Secretary of State

01-23-2008 90008 002 ***150.00

DOCUMENT # 406271 1. Entity Name HAGOPIAN AIR CONDITIONING, INC.	
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Principal Place of Business 99353 OVERSEAS HWY PO BOX 804 KEY LARGO, FL 33037	Mailing Address P.O. BOX 804 KEY LARGO, FL 33037 US
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66001933



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1414204	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 HAGOPIAN, JACK 167 OCEAN SHORES DRIVE KEY LARGO, FL 33037

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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 _____ (NOTE: Registered Agents signature required when reissuing) 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 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 BUTTWOOD CR. KEY LARGO, FL
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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: Carolyn A. Cochran 2-27-08 305-451-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #