

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Aug 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000041366**

1. Entity Name  
**AIRE TECH MECHANICAL SERVICES, INC.**



Principal Place of Business  
**816 HOWARD TERRACE NORTH WEST  
WINTER HAVEN, FL 33881**

Mailing Address  
**816 HOWARD TERRACE NORTH WEST  
WINTER HAVEN, FL 33881**



07112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3713444**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**SAMMONS, ROBERT O  
1556 SIXTH STREET SE  
WINTER HAVEN, FL**

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PS  
SASS, KENNETH JAMES  
816 HOWARD TERRACE NORTH WEST  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
SANFORD, DAVID A  
816 HOWARD TERRACE NORTH WEST  
WINTER HAVEN, FL 33881**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
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CITY - ST - ZIP

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08/01/05-80003-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:** *Robert O. Sammons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #