

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S64578

**Entity Name:** JULIANO AIR CONDITIONING INCORPORATED**Current Principal Place of Business:**4112 KENILWORTH BLVD.  
SEBRING, FL 33870**Current Mailing Address:**4112 KENILWORTH BLVD.  
SEBRING, FL 33870 US**FEI Number:** 59-3075159**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JULIANO, DONALD E.  
6006 LAKE FRONT DR.  
SEBRING, FL 33876 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PT	Title	VC
Name	JULIANO, DONALD E	Name	THOMPSON, DAVID J
Address	6006 LAKE FRONT DR.	Address	140 SUNBIRD SQUARE
City-State-Zip:	SEBRING FL 33876	City-State-Zip:	SEBRING FL 33872
Title	SM	Title	DIRECTOR
Name	JULIANO, KATHLEEN M	Name	MAZZOCCHI, AMANDA M
Address	6006 LAKE FRONT DR.	Address	4639 WESTMINISTER RD
City-State-Zip:	SEBRING FL 33876	City-State-Zip:	SEBRING FL 33875
Title	DIRECTOR		
Name	MAZZOCCHI, MICHAEL D.		
Address	1117 N OAK RIDGE DR.		
City-State-Zip:	LORIDA FL 33857		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN JULIANO**SECRETARY****06/30/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date