

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 440163	
1. Entity Name MARATHON AIR CONDITIONING, INC.	

Principal Place of Business 2499 OVERSEAS HIGHWAY MARATHON FL 33050	Mailing Address 2499 OVERSEAS HIGHWAY MARATHON FL 33050
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1493954		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LILLIE T KLEIN 1239 COPA DE ORO MARATHON, FLA MARATHON FL 33050		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KLEIN, STEPHEN G. 2499 OVERSEAS HWY MARATHON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000635698 02/23/07-80023-021 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KLEIN, LILLIE T. 2499 OVERSEAS HWY MARATHON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lillie T. Klein* **CRP. Inc. Lillie T. Klein** *2/14/07* **305-743-5057**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #