

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90036 028 ***150.00

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1. Entity Name
COUSE AIR CONDITIONING CORPORATION

Principal Place of Business
11830 S.E. SHELL AVE.
HOBE SOUND, FL 33455

Mailing Address
11830 S.E. SHELL AVE.
HOBE SOUND, FL 33455

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1905158

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAMILTON, PITT A
5171 GLENCOE LANE
WEST PALM BEACH, FL 33415
6697 SE Yorktown Dr
Hobe Sound, FL
33455

**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 Pitt A. Hamilton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JAN 8, 2007
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	PD HAMILTON, PITT A 6697 S.E. YORKTOWN DRIVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAFFERTY, ROBERT S., JR 1730 S.E. 11TH STREET FORT LAUDERDALE, FL 33336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFFERTY, ROBERT 824 S RIO VISTA BLVD FORT LAUDERDALE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEARNEY, MARK 421 CHESTNUT LANE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDES, ALVIN 4408 MAURICE DRIVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 filers empowered.

SIGNATURE:

Pitt A. Hamilton PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 8, 2008 772-546-5045
Date Daytime Phone #