


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # 695480	
1. Entity Name APOLLO AIR CONDITIONING, INC.	

Principal Place of Business 3707 INTERSTATE PARK RD. STE F RIVIERA BEACH FL 33404 US	Mailing Address 3707 INTERSTATE PARK RD. STE F RIVIERA BEACH FL 33404 US
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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 59-2121932	Applied For <input type="checkbox"/> Not Applicable												
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="3"> FLORT, DONALD L 783 SE ST. LUCIE BLVD. STUART FL 34996 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		FLORT, DONALD L 783 SE ST. LUCIE BLVD. STUART FL 34996		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent											
FLORT, DONALD L 783 SE ST. LUCIE BLVD. STUART FL 34996		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 reinstating) **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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FLORI, DONALD L 783 SE. ST. LUCIE BLVD. STUART FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000656827 03/14/07-80042-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLORI, ARLENE 783 SE ST. LUCIE BLVD STUART FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 561 840 7944