

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90012 027 ***150.00

DOCUMENT # 698739

1. Entity Name

JOHN L. CHEEVER AIR CONDITIONING, INC.



Principal Place of Business
8155 N.W. 22ND AVENUE
MIAMI FL 33147
US

Mailing Address
8155 N.W. 22ND AVENUE
MIAMI FL 33147
US



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

4. FEI Number 59-2167766

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEEVER, JOHN L
8155 N.W. 22ND AVE
MIAMI FL 33147

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 John L. Cheever

(NOTE: Registered Agent signature required when reinstating)

01-28-07

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	PD	<input type="checkbox"/> Delete
CHEEVER, JOHN L		
STREET ADDRESS	8155 NW 22ND AVE	
CITY- ST- ZIP	MIAMI FL 33147	
NAME	STD	<input type="checkbox"/> Delete
TONYA CHEEVER JACKSON		
STREET ADDRESS	2030 NW 86TH TERR	
CITY- ST- ZIP	MIAMI FL 33147	
NAME	TONYA CHEEVER JACKSON	<input type="checkbox"/> Delete
STREET ADDRESS	2030 NW 86TH TERR	
CITY- ST- ZIP	MIAMI FL 33147	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TONYA CHEEVER JACKSON	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JOHN L. CHEEVER II	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2030 N.W. 86TH TERR.	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MIAMI, FLA. 33147	
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	

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:

John L. Cheever

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 2007 (305) 693-1513

Date

Daytime Phone