

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # 698739</b>  |         |  |         |
| 1. Entity Name<br><b>JOHN L. CHEEVER AIR CONDITIONING, INC.</b>                       |         |   |         |
| Principal Place of Business<br><b>8155 N.W. 22ND AVENUE<br/>MIAMI FL 33147<br/>US</b> |         | Mailing Address<br><b>8155 N.W. 22ND AVENUE<br/>MIAMI FL 33147<br/>US</b>         |         |
| 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 (10/07)

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FE# Number <b>59-2167766</b>                           |  | Applied For                           |
|   |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|  |  |  |          |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent                  |  | 7. Name and Address of New Registered Agent        |          |
| <b>CHEEVER, JOHN L<br/>8155 N.W. 22ND AVE<br/>MIAMI FL 33147</b> |  | Name   |          |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|  |  | City   |          |
|  |  | <b>FL</b>  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHEEVER, JOHN L                     | NAME  |   |
| STREET ADDRESS             | 8155 NW 22ND AVE                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MIAMI FL 33147                      | CITY-ST-ZIP   |   |
| TITLE                      | STD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TONYA CHEEVER JACKSON               | NAME  |   |
| STREET ADDRESS             | 2030 NW 86TH TERR                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MIAMI FL 33147                      | CITY-ST-ZIP   |   |
| TITLE                      | VO <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHEEVER, JOHN L II                  | NAME  |   |
| STREET ADDRESS             | 2030 NW 86TH TERR                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | MIAMI FL 33147                      | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | 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* - **JOHN L. CHEEVER** 01-24-08 (305) 6931513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR