

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 048 ***150.00

DOCUMENT # J83699

1. Entity Name

SMYTH AIR CONDITIONING, INC.



Principal Place of Business

3718 23RD AVE S
LAKE WORTH FL 33461
US

Mailing Address

3718 23RD AVE S
LAKE WORTH FL 33461
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2830766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMYTH, WILLIAM P.
802 NORTH GOLFVIEW ROAD
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE \$150.00

After May 1, 2006 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

TITLE DP ☐ Delete
NAME SMYTH, WILLIAM P.
STREET ADDRESS 802 N GOLFVIEW DR
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE VP ☐ Delete
NAME SMYTH, STEVEN C
STREET ADDRESS 1409 LAKE GENEVA DRIVE
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ST ☐ Delete
NAME SMYTH, TONITA J.
STREET ADDRESS 802 N GOLFVIEW DR
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE VP ☐ Delete
NAME SMYTH, TAMMY L.
STREET ADDRESS 1206 WOODCREST ROAD, WEST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VP ☐ Delete
NAME SMYTH, KAREN J.
STREET ADDRESS 802 NORTH LAKESIDE DRIVE
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1419 Lake Bass Drive
CITY-ST-ZIP Lake Worth FL 33461

TITLE ☐ Change ☐ Addition
NAME
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tammy Smyth VP 1/30/06 561 5336066