

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90198 024 ***150.00

DOCUMENT # J90867

1. Entity Name
AAA RADIATOR & AIR CONDITIONING INC.



Principal Place of Business
**405 N. PARROTT AVE.
OKEECHOBEE, FL 34972**

Mailing Address
**PO BOX 908
OKEECHOBEE, FL 34973**

40063503



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2842808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTESI, MARSHA E
C/O 405 N PARROTT AV
4572 NE 80TH AVE
OKEECHOBEE, FL 34972**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPD
NAME	MONTESI, CRAIG S.
STREET ADDRESS	4572 NE 80TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	VDS
NAME	MONTESI, MARSHA
STREET ADDRESS	4572 NE 80TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	D
NAME	MONTESI, CRAIG S JR
STREET ADDRESS	4572 NE 80TH AVE
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE:

Craig S. Montesi **Craig Montesi/President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-06 (863) 763-4033

Daytime Phone #