

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90024 014 ***150.00

DOCUMENT # K45038

1. Entity Name

MODERN AUTO AIR, II, INC.



Principal Place of Business

1437 DEL PRADO BLVD
CAPE CORAL FL 33990

Mailing Address

1437 DEL PRADO BLVD
CAPE CORAL FL 33990

54033087



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0169310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GELARDI, JAMES A.
5389 FAIRFIELD WAY
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

VICKIE L. GELARDI

Street Address (P.O. Box Number is Not Acceptable)

5389 FAIRFIELD WAY

FT. MYERS, FL. 33919

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

Vickie L. Gelardi

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

(NOTE: Registered Agent signature required when reinstating)

3-22-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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 VP ☐ Delete
NAME LEE, CHRISTINE G
STREET ADDRESS 1579 SAUTERN DR
CITY-ST-ZIP FORT MYERS FL 33919

TITLE VP ☐ Delete
NAME GELARDI, VICKIE L.
STREET ADDRESS 5389 FAIRFIELD WAY
CITY-ST-ZIP FT MYERS FL

TITLE T ☐ Delete
NAME GELARDI, JACQUELINE
STREET ADDRESS 5389 FAIRFIELD WAY
CITY-ST-ZIP FT MYERS FL

TITLE S ☐ Delete
NAME GELARDI, MICHAEL J
STREET ADDRESS 5649 EICHEN CIR
CITY-ST-ZIP FT MYERS FL 33919

TITLE P ☒ Delete
NAME GELARDI, JAMES
STREET ADDRESS 5389 FAIRFIELD WAY
CITY-ST-ZIP FT MYERS FL

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 PRES. ☒ Change ☐ Addition
NAME VICKIE L. GELARDI
STREET ADDRESS 5389 FAIRFIELD WAY
CITY-ST-ZIP FT. MYERS, FL. 33919

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Vickie L. Gelardi Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04

Date

Daytime Phone #