

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90187 011 ***150.00

DOCUMENT # K96802

1. Entity Name

ARISTA AIR CONDITIONING, INC.



Principal Place of Business

4637 CREEKVIEW LN
OVIEDO, FL 32765

Mailing Address

4637 CREEKVIEW LN
OVIEDO, FL 32765

44047430



07012004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2953205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUSARDI, EDWARD E.
4637 CREEKVIEW LN
OVIEDO, FL 32765

**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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LUSARDI, EDWARD E.
STREET ADDRESS 4637 CREEKVIEW LN
CITY-ST-ZIP OVIEDO, FL

TITLE D
NAME LUSARDI, LYNN
STREET ADDRESS 4637 CREEKVIEW LN
CITY-ST-ZIP OVIEDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Edward Lusardi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

Date

407-671-0666

Daytime Phone #

Attached
44047490

July 1, 2004

Re: Arista Air Conditioning
DOCUMENT # K96802

Enclosed, you will find a check in the amount of \$150.00 for 2004 Uniform Business Report. I am requesting that you abate the penalty for late filing, since I did not receive the Uniform Business Report form.

Edward Lusardi

Edward E. Lusardi