

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90086 024 \*\*\*150.00

**DOCUMENT # L68859**

1. Entity Name

ABYSS AIR CONDITIONING AND HEATING  
INCORPORATED



Principal Place of Business

% DEBORAH LYUBLANOVITS  
604 46TH AVENUE N.  
ST. PETERSBURG FL 33703

Mailing Address

% DEBORAH LYUBLANOVITS  
604 46TH AVENUE N.  
ST. PETERSBURG FL 33703



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

90 Deborah Lyublanovits  
495 Crystal Dr

1st MOORE

CR2E034 (10/06)

City & State

City & State

MADEIRA BEACH FL

Zip

Country

Zip

Country

33708 Pinellas

4. FEI Number 59-3024994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYUBLANOVITS, MICHAEL  
604 46TH AVENUE NORTH  
ST. PETERSBURG FL 33703

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 if applicable.

(NOTE: Registered Agent signature required when installing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 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  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
LYUBLANOVITS, MICHAEL C.  
604 46TH AVENUE NORTH  
ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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:

*Michael Lyublanovits*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/07

(727) 526-2381