


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000022096, 1. Entity Name EVEREST AIR CONDITIONING, INC.		
Principal Place of Business 1461 S. MICHIGAN AVE CLEARWATER, FL 33756	Mailing Address 1461 S. MICHIGAN AVE CLEARWATER, FL 33756	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, ROBIN 5907 SEVEN OAKS DIVE POWDER SPRINGS, GA 30127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YASSANYE, DARIN T 1322 BROWNING STREET CLEARWATER, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUMANN, SCOTT 10718 CHEROKEE DR. SAINT PETERSBURG, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u><i>Darin Yassanye</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/28/2005</u> <u>727-447-0369</u> <small>Date Daytime Phone #</small>



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3629080

Applied For
Not Applicable

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

U00000248352
03/02/05-80028-005 150.00

**DO NOT WRITE
IN THIS SPACE**