

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90102 031 ***150.00

DOCUMENT # P01000102346

1. Entity Name
CIA AIR CONDITIONING, INC.



Principal Place of Business
4320 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904

Mailing Address
4320 WOODLAND PARK DRIVE
WEST MELBOURNE, FL 32904

50028570



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0011458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEALY, PATRICK F
1499 S. HARBOR CITY BLVD.
SUITE 201
MELBOURNE, FL 32901

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *P* *CHANGE TO* *VP*
NAME ANDERSON, W ROBERT JR
STREET ADDRESS 4320 WOODLAND PARK DR
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE *VP* *CHANGE TO* *P*
NAME CUNNINGHAM, GARY R II
STREET ADDRESS 4320 WOODLAND PARK DR
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE ST
NAME INGRAM, BRUCE
STREET ADDRESS 4320 WOODLAND PARK DR
CITY-ST-ZIP WEST MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

321-723-3400

Daytime Phone #