## **2008 FOR PROFIT CORPORATION**

## ANNUAL REPORT DOCUMENT # P02000035452 1. Entity Name ACJ HEATING & AIR CONDITIONING, INC. Principal Place of Business

**FILED** Jun 19, 2008 08:00 AM Secretary of State



10349 NINA CT NEW PORT RICHEY, FL 34654 Mailing Address

10349 NINA CT NEW PORT RICHEY, FL 34654

No Chg-P

## DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For Not Applicable

75-3038701 5. Certificate of Status Desired

06112008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

KLIMIS, GEORGE N PA 2% ORANGE STR TARPON SPRINGS, FL 34689

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its register	ed office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	all applicable (NOTE Registers	ed Agent signature required when reinstating)	DATE
	Dig. ata o. (pass of a state of a			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		Election Campaign Fina Trust Fund Contribution.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS		The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UNTERWEGER, RICHARD E 10349 NINA CT NEW PORT RICHEY, FL 34654			
NAME STREET ADDRESS CITY ST-ZIP	VD MEHURON, THOMAS C 10349 NINA CT NEW PORT RICHEY, FL 34654		(a. 1)63. (f)	06/19/08-80001-030 150.00
TITLE NAME STREET ADDRESS CITY ST-ZIP	T MEHURON, ALAN J 10399 NINA CT. NEW PORT RICHEY, FL 34654		DÖ	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP	S UNTERNEGER, RICHARD 12148 MASKED DUCK ROAD BROOKSVILLE, FL 34614		IN.	THIS SPACE
NAME SIREET ADDRESS CULY: SI-7IP				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

NAME STREET ADDRESS CITY - ST - ZIP

6.9.08