

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-28-2004 90245 012 ***158.75

DOCUMENT # P03000126904

1. Entity Name

CLARITY AIR CONDITIONING & HEATING INC.



Principal Place of Business

2710 61ST STREET
SARASOTA FL 34243

Mailing Address

2710 61ST STREET
SARASOTA FL 34243

66421302



MOORE CR2E034 (11/03)

2. Principal Place of Business

5070 Houle PL
Suite, Apt. #, etc.

3. Mailing Address

5070 Houle PL
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. FEI Number

87-0713352

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASSKEW, ROBERT J
2710 61ST STREET
SARASOTA FL 34243

7. Name and Address of New Registered Agent

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

Robert J. Hasskew

(NOTE: Registered Agent signature required when re-registering)

4-14-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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

TITLE P ☐ Delete
NAME HASSKEW, ROBERT J
STREET ADDRESS 2710 61ST STREET
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

Robert J. Hasskew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-04

Date

941-953-2665

Daytime Phone #