

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90253 018 \*\*\*150.00

**DOCUMENT # P03000142848**

1. Entity Name  
R. FUCCI AIR CONDITIONING, INC.



Principal Place of Business  
8640 NW 18TH ST  
PEMBROKE PINES, FL 33024

Mailing Address  
8640 NW 18TH ST  
PEMBROKE PINES, FL 33024

00346030



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02112004 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0918541

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FUCCI, ROBERT  
8640 NW 18TH ST  
PEMBROKE PINES, FL 33024

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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	
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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 Fucci 5/13/04 954-258-3916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #