

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90047 009 ***150.00

DOCUMENT # P04000057956

1. Entity Name

WHITAKER AIR CONDITIONING, INC.



Principal Place of Business

17 ~~15~~ PALMIRA ROAD
DEBARY, FL 32713

Mailing Address

17 ~~15~~ PALMIRA ROAD
DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
26-3709816

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITAKER, JAMES T
~~15~~ PALMIRA ROAD
DEBARY, FL 32713

17 PALMIRA Rd.

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITAKER, JAMES T.
STREET ADDRESS	15 PALMIRA ROAD 17 PALMIRA Rd.
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	11
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	11
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	11
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	11
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 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: JAMES T. WHITAKER James T. Whitaker

4-21-07 407-340-7454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWNER - PRES, etc.

Date

Daytime Phone #