## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000081101**

1. Entity Name
WEDGEWOOD AIR CONDITIONING CO.



Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

370 ANSIN BLVD HALLANDALE BEACH, FL 33009 Mailing Address

370 ANSIN BLVD

HALLANDALE BEACH, FL 33009



DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Cartificate of Status Posicad. 

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAM!, FL 33145

## DO NOT WRITE IN THIS SPACE

4TH FLOOR MIAM!, FL 33145			IN THIS SPACE		
	named entity submits this statement for the plans of registered agent.	surpose of changing its register	ed office or r	egistered agent, or bi	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and bits if applicable (NOTE Registere			d Agent signature	required when rainstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD KROHN, BARRY C 370 ANSIN BLVD HALLANDALE BEACH, FL 33009	CTORS			U00000908035 05/06/08-80013-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	

DO NOT WRITE
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 attach neglewith an address, with all other like empowered.

**SIGNATURE:** 

TITLE NAME

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL OF THE STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

113108

Daytime Phone #