2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000084782

1. Entity Name
SUPERB AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
3010 SW 14TH PLACE BOYNTON BEACH, FL 33426	3010 SW 14TH PLACE BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
86-1106883

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, HARRY J ESQ.
6100 GLADES RD., STE. 211
BOCA RATON, FL 33434

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SCHOENBERGER, KIMBERLY
STREET ADDRESS	3010 SW 14TH PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	PTD
NAME	WALTER, SHIRLEY
STREET ADDRESS	3010 SW 14TH PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	WALTER, KIERSTED W II
STREET ADDRESS	3010 SW 14TH PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	V
NAME	CASS, JEFFREY D
STREET ADDRESS	3010 SW 14TH PLACE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-20101-023 150.00

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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: K S Kimberly Schoenberger 4/10/08 561 783-9024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #