

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90353 017 ***150.00

DOCUMENT # P04000120404

1. Entity Name

HARRIS A/C DUCTWORK, INC.



Principal Place of Business

420 W 17 STREET
APT. 16
HIALEAH FL 33010

Mailing Address

420 W 17 STREET
APT. 16
HIALEAH FL 33010

30040884



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

937 West 77 Street

Suite, Apt. #, etc.

3. Mailing Address

937 West 77 Street

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
HIALEAH FL

4. FEI Number
80-0118751

Applied For
Not Applicable

Zip
33014

Country
DADE

Zip
33014

Country
DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMACK, HARRIS
420 W 17 STREET
APT. 16
HIALEAH FL 33010

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

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, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CAMACK, HARRIS
420 W 17 STREET #16
HIALEAH FL 33010 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/05

Date

Daytime Phone #