

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P04000164809**

**1. Entity Name  
AUTO AIR OF SARASOTA, INC.**



**Principal Place of Business  
1797 DESOTO ROAD  
SARASOTA, FL 34234**

**Mailing Address  
1797 DESOTO ROAD  
SARASOTA, FL 34234**

**DO NOT WRITE IN THIS SPACE**



07172007 No.Chg-P CR2E034 (11/05)

**4. FEI Number**  
20-1979827

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SICILIAN, HOWARD  
1797 DESOTO RD  
SARASOTA, FL 34234**

**DO NOT WRITE  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000769604  
12/19/07-2007 021 150.00  
07/19/07 80007

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME** D  
**STREET ADDRESS** SICILIAN, HOWARD  
**CITY-ST-ZIP** 1056 S VENICE BLVD  
VENICE, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-07 941-38-0501  
Date Daytime Phone #