


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 028 ***150.00

DOCUMENT # P07000040208

1. Entity Name
POLAR AIR CONDITIONING OF OKEECHOBEE, INC.



Principal Place of Business Mailing Address

2307 HIGHWAY 441 SE 2307 HIGHWAY 441 SE
 OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

514 NE 9th Street 514 NE 9th Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Okeechobee, Florida Okeechobee, Florida

Zip Country Zip Country

34972 US 34972 US

6. Name and Address of Current Registered Agent

TRENT, RAY
 2307 HIGHWAY 441 SE
 OKEECHOBEE, FL 34974



04252008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

51-0630968 Not Applicable

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

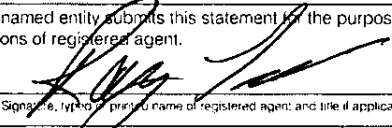
7. Name and Address of New Registered Agent

Name **Ray Trent**

Street Address (P.O. Box Number is Not Acceptable) **514 NE 9th Street**

City **Okeechobee** FL Zip Code **34972**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZELIEF, MIKE	NAME	Hazellief, Michael
STREET ADDRESS	10745 NE 100TH AVENUE	STREET ADDRESS	10745 NE 100th Avenue
CITY-ST-ZIP	OKEECHOBEE, FL 34972	CITY-ST-ZIP	Okeechobee, FL 34972
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRENT, RAY	NAME	
STREET ADDRESS	301 SW 15TH STREET	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **RAY TRENT** 05-25-08 863-357-2717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #