
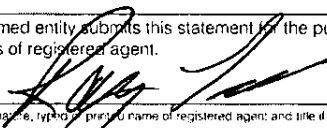
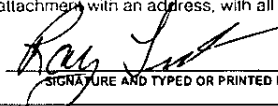


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 2307 HIGHWAY 441 SE OKEECHOBEE, FL 34974			Mailing Address 2307 HIGHWAY 441 SE OKEECHOBEE, FL 34974																		
2. Principal Place of Business - No P.O. Box # 514 NE 9th Street		3. Mailing Address 514 NE 9th Street																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State Okeechobee, Florida		City & State Okeechobee, Florida		4. FEI Number 51-0630968																	
Zip 34972		Country US		Applied For Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent TRENT, RAY 2307 HIGHWAY 441 SE OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Ray Trent</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">514 NE 9th Street</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">Okeechobee</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">34972</td> </tr> </table>			Name		Ray Trent		Street Address (P.O. Box Number is Not Acceptable)		514 NE 9th Street		City		Okeechobee	FL	Zip Code		34972	
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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: 																					
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, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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																	
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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: 			4-25-08 863-357-2717																		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																		