

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90033 049 ***158.75

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1. Entity Name

GULF BEACHES AIR CONDITIONING, INC.



Principal Place of Business

417 18TH AVE
INDIAN ROCKS BEACH FL 33785-2921

Mailing Address

417 18TH AVE
INDIAN ROCKS BEACH FL 33785-2921



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

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

74-3213988

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, FRANK W
417 18TH AVE
INDIAN ROCKS BEACH FL 33785-2921

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 officer, if applicable.

(NOTE: Registered agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WALLACE, FRANK
STREET ADDRESS 417 18TH AVE
CITY-STATE-ZIP INDIAN ROCKS BEACH FL 33785-2921

TITLE D ☐ Delete
NAME CARDINALE, SALVATORE
STREET ADDRESS 8442 BOXWOOD DRIVE
CITY-STATE-ZIP TAMPA FL 33615-2921

TITLE D ☐ Delete
NAME KLEIN, MARK
STREET ADDRESS 702 QUEENS COURT
CITY-STATE-ZIP SEFFNER FL 33584

TITLE D ☒ Delete
NAME HERNANDEZ, ORELVE
STREET ADDRESS 2811 HWY 60
CITY-STATE-ZIP PLANT CITY FL 33567

TITLE D ☒ Delete
NAME HERNANDEZ, DELVIS
STREET ADDRESS 2828 29TH AVE NE
CITY-STATE-ZIP ST PETERSBURG FL 33713

TITLE D ☐ Delete
NAME THORTON, MICHAEL
STREET ADDRESS 37325 KOSSICK ROAD
CITY-STATE-ZIP CEPHYHILLS FL 33541

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank W. Wallace* FRANK W. WALLACE 1-26-08 727-596-4446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name