

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000069321

1. Entity Name  
40 DEGREEZ AIR CONDITIONING INC



FILED

2008 MAR 11 AM 6:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02212008 Chg-P CR2E034 (12/06)

Principal Place of Business  
3823 BAINBRIDGE AVE  
ORLANDO, FL 32839

Mailing Address  
3823 BAINBRIDGE AVE  
ORLANDO, FL 32839

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

197 Drennen Rd.

3. Mailing Address

P O Box 771085

Suite, Apt. #, etc.

417

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Coral Springs FL

4. FEI Number

77-0689989

Applied For

Not Applicable

Zip

32806

Country

USA

Zip

33077

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMAIN, KESTON  
3823 BAINBRIDGE AVE  
ORLANDO, FL 32839

7. Name and Address of New Registered Agent

Name Adrean Scott

Street Address (P.O. Box Number is Not Acceptable)

197 Drennen Rd. Ste 417

City Orlando

FL

Zip Code 32806

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 obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-28-08

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MCMAIN, KESTON  
STREET ADDRESS 3823 BAINBRIDGE AVE  
CITY-ST-ZIP ORLANDO, FL 32839

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO  
NAME Adrean Scott  
STREET ADDRESS P O Box 771085  
CITY-ST-ZIP Coral Springs FL 33077

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

02-27-08

Date

Daytime Phone #