

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000062192

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** HURRICANE AIR CONDITIONING OF SW FLORIDA, INC.

**Current Principal Place of Business:**

2805 23RD STREET SW  
LEHIGH ACRES, FL 33976

**New Principal Place of Business:**

4209 LEE BLVD.  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

POST OFFICE BOX 60201  
FORT MYERS, FL 33906

**New Mailing Address:**

4209 LEE BLVD.  
LEHIGH ACRES, FL 33971

**FEI Number:** 27-0590469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANNON, GEORGE  
6238 PRESIDENTIAL COURT  
SUITE 1A  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHANNON, GEORGE  
Address: 2805 23RD STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33976

Title: VP  
Name: SHANNON, CHRISTOPHER  
Address: 2805 23RD STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33976

Title: S/T  
Name: SHANNON, CHRISTOPHER  
Address: 2805 23RD STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33976

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE SHANNON

PRES

05/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date