

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000062192

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4209 LEE BLVD.  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

4209 LEE BLVD.  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

**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:**

SHANNON, CHRISTOPHER  
4209 LEE BLVD.  
LEHIGH ACRES, FL 33971 US

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: CHRIS SHANNON

01/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHANNON, CHRISTOPHER  
Address: 4209 LEE BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP  
Name: SHANNON, CHRISTOPHER  
Address: 4209 LEE BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: S/T  
Name: SHANNON, CHRISTOPHER  
Address: 4209 LEE BLVD.  
City-St-Zip: LEHIGH ACRES, FL 33971

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: CHRIS SHANNON

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date