

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90086 027 \*\*\*150.00

**DOCUMENT # P95000004427**

1. Entity Name

**AIRDEX AIR CONDITIONING CORPORATION**



Principal Place of Business

9225 ULMERTON RD  
STE J  
LARGO FL 33771  
US

Mailing Address

400 SOUTH SEABOARD AVENUE  
VENICE FL 34285  
US

2. Principal Place of Business

400 South Seaboard Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice FL

City & State

4. FEI Number

59-3291297

Applied For

Not Applicable

Zip

34285

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLENNON, JAMES J  
5520 DIVISION DRIVE  
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

T ☐ Delete  
NAME GLENNON, JAMES J  
STREET ADDRESS 5520 DIVISION DR  
CITY-ST-ZIP FORT MYERS FL 33905

S ☐ Delete  
NAME HENDRY, REBECCA  
STREET ADDRESS 5520 DIVISION DR.  
CITY-ST-ZIP FORT MYERS FL 33905

P ☐ Delete  
NAME GLENNON, JIM  
STREET ADDRESS 5520 DIVISION DRIVE  
CITY-ST-ZIP FT MYERS FL 33905

VP ☐ Delete  
NAME FREEMAN, N. BRENT  
STREET ADDRESS 400 SOUTH SEABOARD AVENUE  
CITY-ST-ZIP VENICE FL 34292

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *N. Brent Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*N. Brent Freeman* 3-1-05

Date

941-428-9633

Daytime Phone #