


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 03, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000059635</b> 1. Entity Name <b>GLARNER AIR CONDITIONING, INC.</b>		
Principal Place of Business <b>9242 CR 635 SEBRING, FL 33875</b>	Mailing Address <b>9242 CR 635 SEBRING, FL 33875</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GLARNER, ROBYN L 9242 CR 635 SEBRING, FL 33875</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLARNER, RANDY C 9242 CR 635 SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLARNER, ROBYN 9242 CR 635 SEBRING, FL 33872	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(f), 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: <u><i>Rolando Glaner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/27/05 8634712674</b> <small>Date Daytime Phone #</small>



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0611112**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

U00000359771  
05/05/05-80006-012 150.00

**DO NOT WRITE  
IN THIS SPACE**