

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000001324

1. Entity Name
SOUTH FLORIDA AIR CONDITIONING, INC.



Principal Place of Business
3000 NW BOCA RATON BLVD.
BOCA RATON, FL 33431

Mailing Address
3000 NW BOCA RATON BLVD.
BOCA RATON, FL 33431



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0723659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAVELLE, JOHN A
3000 NW BOCA RATON BLVD
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LAVELLE, JOHN A
STREET ADDRESS 3000 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE V
NAME OLLERT, ROBERT C
STREET ADDRESS 3000 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE S
NAME NOVAK, JASON E
STREET ADDRESS 3000 NW BOCA RATON BLVD
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000178766
01/12/05-80043-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Jason Novak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/05