

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000003467

1. Entity Name
UNLIMITED AIR CONDITIONING, INC.



Principal Place of Business
**15210 96 LANE NORTH
WEST PALM BEACH, FL 33412**

Mailing Address
**15210 96 LANE NORTH
WEST PALM BEACH, FL 33412**

FILED
Jan 14, 2008 08:00 A
Secretary of State



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0805824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POPOVICS, GLENN E
15210 96 LANE N
WEST PALM BEACH, FL 33412**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000782947
01/15/08-80095-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POPOVICS, GLENN
STREET ADDRESS	15210 96 LANE NORTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	V.P.
NAME	CURRIE, RONNIE G
STREET ADDRESS	10107 N. MILITARY TRAIL
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature] **1-10-08**