

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000020939

1. Entity Name

VILLAGE HEATING & AIR CONDITIONING, INC.



Principal Place of Business

818 BOLIVAR STREET
LADY LAKE, FL 32159

Mailing Address

P.O. BOX 1269
LADY LAKE, FL 32158

FILED
09 JAN 20 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3498469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FL
MIAMI, FL 33145

**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, 2009 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS
NAME MCKENZIE, ANGELIKA R
STREET ADDRESS 818 BOLIVAR STREET
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE VTD
NAME MCKENZIE, MICHAEL A
STREET ADDRESS 818 BOLIVAR STREET
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1309 352-801434
Date Daytime Phone #