

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000035121 1. Entity Name DAVID DUDA AIR CONDITIONING, INC.					
Principal Place of Business 621 PALMETTO DR COCONUT CREEK FL 33066			Mailing Address PO BOX 938702 POMPANO BEACH FL 33093 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FE# Number 65-0823790	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DUDA, DAVID 621 PALMETTO DRIVE COCONUT CREEK FL 33066				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDA, DAVID 621 PALMETTO DRIVE COCONUT CREEK FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000521841 05/03/06-80006-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDA, SARAH C 621 PALMETTO DRIVE COCONUT CREEK FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered.					
SIGNATURE: _____			4-15-06 954-973-0009		