


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 050 ***150.00

DOCUMENT # P99000085374					
1. Entity Name TEWARI AIR CONDITIONING, INC.					
Principal Place of Business 1870 TILLSTREAM DRIVE ORLANDO, FL 32818		Mailing Address 1870 TILLSTREAM DRIVE ORLANDO, FL 32818			
2. Principal Place of Business - No P.O. Box # <i>627 Summit Point Dr.</i>		3. Mailing Address <i>627 Summit Point Dr.</i>			
Suite, Apt. #, etc. <i>R-103</i>		Suite, Apt. #, etc. <i>R-103</i>			
City & State <i>Orlando FLORIDA</i>		City & State <i>Orlando FLORIDA</i>		4. FEI Number 59-3600519	
Zip <i>32818</i>		Country <i>ORANGE</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>32818</i>		Country <i>ORANGE</i>		6. Name and Address of Current Registered Agent	
TEWARI, ERROL G 1870 TILLSTREAM DRIVE ORLANDO, FL 32818		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL		Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEWARI, ERROL G		NAME		
STREET ADDRESS	1870 TILLSTREAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEWARI, MARCIA I		NAME		
STREET ADDRESS	1870 TILLSTREAM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Errol G. Tewari</i>		Date: <i>April 9, 2008</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					