2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A Secretary of State

· ANNUAL REPORT				Apr 09, 2007 08			
DOCUMENT # P99000103907 1. Entity Name FOUR SEASONS AIR CONDITIONING SERVICE CORP.						Secretar	y of S
1373 NORTH KILLIAN DRIVE		lailing Address 1373 NORTH KILLIAN DRIVE AKE PARK, FL 33403					
	I.	`					
_	A NOT WOITE	IN THE ODA	^ -	03272007	No Chg-P	CR2E034 (11/05)
, , D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 65-098			Applied For
					of Status Desired	\$8.75 Ar	dditional
	6. Name and Address of Current Re	gistered Agent			`,	Fee Keduii	
1373 NOR	ORMAN W ITH KILLIAN DRIVE RK, FL 33403	·			NOT W THIS SP		
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bot	th, in the State of Flo	rida. I am familiar with	n, and accept
	Signature, typed or printed name of registered agent and	tife if applicable. (NOTE: Registers	ed Apant signature require	1 when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing \$5 Trust Fund Contribution.				
10.	OFFICERS AND DI	RECTORS		0.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAYRE, NORMAN 1373 N. KILLIAN DRIVE LAKE PARK, FL 33403					00694548 7-80021 <i>-</i> 022	2 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY- ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SP	ACE	
TITLE NAME			1		•		

12. Thereby 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:

STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

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