

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S56978

1. Entity Name
CONDITIONEDAIR & ASSOCIATED CONTRACTORS, INC.



FILED

08 DEC 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
18459 PINES BLVD
362
PEMBROKE PINES, FL 33029 US

Mailing Address
18459 PINES BLVD
362
PEMBROKE PINES, FL 33029 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0413800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILES, HUGH A
3307 SW 175TH AVENUE
MIRAMAR, FL 33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
MILES, HUGH A.
3307 SW 175TH AVENUE
MIRAMAR, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ROSE, SANDY
2718 S W 177 AVENUE
MIAMI, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
MILES, SANDRA
3307 SW 175TH AVENUE
MIRAMAR, FL 33029

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
ROSE, JOAN
2718 S.W. 177 AVENUE
MIRAMAR, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
ROSE, DANE
2718 SW 177 AVE.
MIRAMAR, FL 33029

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

300138884833
12/10/08--01041--006 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

DT/S
ROSE, JOAN
2718 S.W. 177 AVE
MIRAMAR FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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

HUGH MILES

12/4/08

Daytime Phone #