

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90198 020 ***150.00

DOCUMENT # S93877

1. Entity Name

HI-TECH AIR CONDITIONING, INC.



Principal Place of Business

22480 LABRADOR ST
BOCA RATON FL 33428
US

Mailing Address

22480 LABRADOR ST
BOCA RATON FL 33428
US



2. Principal Place of Business

8356 Highway 441 SE
Suite, Apt. #, etc. #15

3. Mailing Address

8356 Highway 441 SE
Suite, Apt. #, etc. #15

1st MOORE

CR2E034 (10/05)

City & State

OKeechobee FLORIDA

City & State

OKeechobee FLORIDA

4. FEI Number

65-0293714

Applied For

Not Applicable

Zip

34974

Country

US

Zip

34974

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACERTE, CLAUDE
22480 LABRADOR ST
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

~~LACERTE, CLAUDE~~

Street Address (P.O. Box Number is Not Acceptable)

8356 Highway 441 SE #15

City

OKeechobee

FL

Zip Code

34974

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, 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

TITLE D ☐ Delete
NAME LACERTE, CLAUDE
STREET ADDRESS 22480 LABRADOR ST
CITY-ST-ZIP BOCA RATON FL 33428

TITLE S ☐ Delete
NAME LACERTE, CHANTAL
STREET ADDRESS 22480 LA BRADOR ST.
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8356 Highway 441 SE #15
CITY-ST-ZIP OKeechobee FL 34974

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8356 Highway 441 SE #15
CITY-ST-ZIP OKeechobee FL 34974

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-06 (561)
716-0491