I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: CHRIS SHANNON

Electronic Signature of Signing Officer/Director Detail

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.

### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Title	Р	Title	VP	
Name	SHANNON, CHRIS	Name	SHANNON, CHRIS	
Address	12960 COMMERCE LAKES DR. 20	Address	12960 COMMERCE LAKES DR. 20	
City-State-Zip:	FORT MYERS FL 33913	City-State-Zip:	FORT MYERS FL 33913	
Title	S/T			
Name	SHANNON, CHRIS			
Address	12960 COMMERCE LAKES DR. 20			
City-State-Zip:	FORT MYERS FL 33913			

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P09000062192

## Entity Name: HURRICANE AIR CONDITIONING OF SW FLORIDA, INC.

### Current Principal Place of Business:

12960 COMMERCE LAKES DR. 20 FORT MYERS, FL 33913

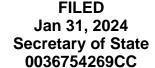
### **Current Mailing Address:**

12960 COMMERCE LAKES DR. 20 FORT MYERS, FL 33913 US

### FEI Number: 27-0590469

### Name and Address of Current Registered Agent:

SHANNON, CHRISTOPHER 12960 COMMERCE LAKES DR. 20 FORT MYERS, FL 33913 US



Certificate of Status Desired: No

Date

Date