2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90389 010 ***150.00

DOCUMENT # 335853

1. Entity Name
AIR CONDITIONING WARRANTY CORP

40062078

Principal Place of Business	Mailing Address
37 NE 1ST TERRACE SUITE D DEERFIELD BEACH, FL 33441 US	37 NE 1ST TERRACE SUITE D DEERFIELD BEACH, FL 33441 US

01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1221864
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS-HURLEY, BARBARA
180 N.W. 47TH AVE
DEERFIELD BEACH, FL 33442

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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 Barbara H. Hurley BARBARA H. Hurley 4/11/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS-HURLEY, BARBARA
STREET ADDRESS	180 NW 47TH AVENUE
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	SD
NAME	LAWSON, STEPHEN M
STREET ADDRESS	115 ST CLOUD LANE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	PTD
NAME	HURLEY, BARBARA W
STREET ADDRESS	180 NW 47 AVE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VPD
NAME	HURLEY, JERIMIAH
STREET ADDRESS	180 NW. 47TH AVE.
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	COOK, RICHARD C
STREET ADDRESS	2291 LITTLE BROOKE LANE
CITY-ST-ZIP	DUNWOODY, GA 30338
TITLE	D
NAME	COOK, MARY ANN
STREET ADDRESS	2291 LITTLE BROOKE LANE
CITY-ST-ZIP	DUNWOODY, GA 30338

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #