

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # M43005 1. Entity Name CENTRAL AIR CONDITIONING, INC.	
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Principal Place of Business 282 SW 12TH AVENUE DEERFIELD BEACH, FL 33442	Mailing Address 282 SW 12TH AVENUE DEERFIELD BEACH, FL 33442
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2744047	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABARESE, RICHARD
282 SW 12TH AVE
DEERFIELD, FL 33442

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

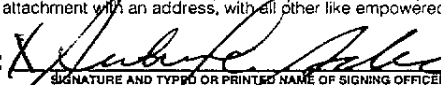
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SABARESE, RICHARD
STREET ADDRESS	282 SW 12TH AVENUE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	SABARESE, RICHARD
STREET ADDRESS	282 SW 12TH AVENUE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	S
NAME	SABARESE, RICHARD
STREET ADDRESS	282 SW 12TH AVENUE
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

1/24/05
Date Daytime Phone #