


2007 FOR PROFIT CORPORATION, ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90021 002 ***150.00

DOCUMENT # P0000045072				
1. Entity Name ADMIRAL AIR COOLING AND HEATING, INC.				
Principal Place of Business 8914 JASMINE BLVD PT. RICHEY FL 34668		Mailing Address 8914 JASMINE BLVD PT. RICHEY FL 34668		
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	
4. FEI Number 59-3657831				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
GENG, FRANCIS 8914 JASMINE BLVD PT. RICHEY FL 34668		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 <i>Francis W. Geng</i>		FRANCIS W. GENG PRES.		2/22/07
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENG, FRANCIS	NAME		
STREET ADDRESS	8914 JASMINE BLVD 4901 FORESTAY COURT	STREET ADDRESS		
CITY- ST- ZIP	PT. RICHEY FL 34668 NEW PORT RICHEY FL 34652-4422	CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENG, JOANNE	NAME		
STREET ADDRESS	8914 JASMINE BLVD 4901 FORESTAY COURT	STREET ADDRESS		
CITY- ST- ZIP	PT. RICHEY FL 34668 NEW PORT RICHEY FL 34652-4422	CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENG, GREGORY	NAME		
STREET ADDRESS	7405 NEW YORK AVE.	STREET ADDRESS		
CITY- ST- ZIP	HUDSON FL 34667	CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY- ST- ZIP		CITY- ST- ZIP		



1st MOORE CR2E034 (10/06)

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: *Joanne M. Geng* **JOANNE M. GENG SECRETRENS** **2/22/07** **868-5027**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #