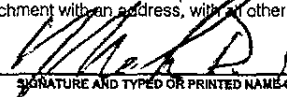


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000071733		
1. Entity Name ARCTIC BREEZE AIR CONDITIONING & HEATING, INC.		
Principal Place of Business 61 BICKFORD DR. PALM COAST, FL 32137	Mailing Address 61 BICKFORD DR. PALM COAST, FL 32137	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EIDMAN, MARK 61 BICKFORD DRIVE PALM COAST, FL 32164		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 _____ 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		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EIDMAN, MARK D 61 BICKFORD DR PALM COAST, FL 32137	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EIDMAN, JOHN G II 61 BICKFORD DR. PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EIDMAN, MARK JR 61 BICKFORD DR. PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 Chapter 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 or other like empowered.		
SIGNATURE: 		1/3/06 386-446-8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0729046	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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01/10/06-80029-017 150.00