

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90077 037 ***150.00

DOCUMENT # P02000083145 1. Entity Name BUILDING AIR SERVICES, INC.					
Principal Place of Business 3367 10TH STREET N. ST. PETERSBURG, FL 33704			Mailing Address 3367 10TH STREET N. ST. PETERSBURG, FL 33704		
2. Principal Place of Business 9042 130TH AVE NORTH Suite, Apt. #, etc.		3. Mailing Address 9042 130TH AVE NORTH Suite, Apt. #, etc.			
City & State LARGO FL		City & State LARGO FL		4. FEI Number 52-2369195	
Zip 33773		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEDMAN, AARON D 3367 10TH STREET N. ST. PETERSBURG, FL 33704 CHANGE			7. Name and Address of New Registered Agent Name STEPHEN K. BOOSE Street Address (P.O. Box Number is Not Acceptable) 9042 130TH AVE NORTH City LARGO FL Zip Code 33773		
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 <u><i>Stephen K. Boose</i></u> DATE <u>1-26-05</u> Signature, typed or printed name of registered agent and date 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDMAN, AARON D 3367 10TH STREET N. ST. PETERSBURG, FL 33704	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD CANTALUPO 9042 130TH AVE NORTH LARGO FLORIDA 33773	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOSE, STEPHEN 3367 10TH STREET N. ST. PETERSBURG, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>Stephen K. Boose</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1-26-05</u> Daytime Phone # <u>727 528 3488</u>		