


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-02-2004 90050 049 ***150.00

DOCUMENT # P03000048167					
1. Entity Name DAYTONA AIR CONDITIONING & REFRIGERATION, INC.					
Principal Place of Business 4270 CARDINAL BLVD. WILBUR BY THE SEA FL 32127			Mailing Address 4270 CARDINAL BLVD. WILBUR BY THE SEA FL 32127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0057811	
6. Name and Address of Current Registered Agent MAZZELLA, GERALD S 4270 CARDINAL BLVD. WILBUR BY THE SEA FL 32127				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.				MOORE CR2E034 (11/03)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	President Gerald Scott Mazzella		NAME		
STREET ADDRESS	4270 Cardinal Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Wilbur by the Sea Fla. 32127		CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Gerald S. Mazzella			Date: 2-23-04		Daytime Phone #: 386-763-4088
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

66406701



MOORE CR2E034 (11/03)