

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90011 010 ***150.00

DOCUMENT # P03000099765			
1. Entity Name SPECTRUM AIR CONDITIONING & REFRIGERATION, INC.			
Principal Place of Business 14130 CEDARDALE ST FT MYERS, FL 33902		Mailing Address 14130 CEDARDALE ST FT MYERS, FL 33902	
2. Principal Place of Business		3. Mailing Address PO. Box 1665	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT MYERS FL, 33902	
Zip	Country	Zip	Country
		33902	LEE
4. FEI Number		Applied For	
830373842		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUYKENDALL, PATRICK 14130 CEDARDALE ST FT MYERS, FL 33902		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		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 Due by September 8, 2004		9. Election Campaign Financing --- Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	KUTKENDALL, PATRICK	NAME	
STREET ADDRESS	14130 CEDARDALE ST	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33902	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	
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	
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: <i>Stacey E. Payne</i>		Stacey E. Payne President 7/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/emo Phone #	



1-877-543-2542