


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P04000074929	
1. Entity Name A-ARCTIC AIR CONDITIONING SYSTEMS OF FL, INC.	

Principal Place of Business 491 NE 28TH STREET POMPANO BEACH, FL 33064 US	Mailing Address 491 NE 28TH STREET POMPANO BEACH, FL 33064 US
---	---

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1183784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERTSON, STEPHEN W CPA
2720 E OAKLAND PARK BOULEVARD
SUITE 109
FORT LAUDERDALE, FL 33306

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VINCENT, MICHAEL C 425 NW 12TH AVENUE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCENT, STEPHANIE 425 N.W. 12TH AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINCENT, GABRIEL R 425 N.W. 12TH AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINCENT, BRANAEM M 425 N.W. 12TH AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000693493
04/16/07-80041-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:  **4/13/07** **954-941-4048**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #