


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90019 001 ***150.00

DOCUMENT # P93000000930							
1. Entity Name QUALITY AIR CONDITIONING COMPANY, INC.							
Principal Place of Business 720 W. MCNAB ROAD FORT LAUDERDALE, FL 33309			Mailing Address 720 W. MCNAB ROAD FORT LAUDERDALE, FL 33309				
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 65-0397374				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			7. Name and Address of New Registered Agent				
MORAITIS, ROBERT J ESQUIRE 1310 SOUTHEAST THIRD AVE FT. LAUDERDALE, FL 33316			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 _____			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 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VRASTIL, WILLAM R		NAME				
STREET ADDRESS	13821 MUSTANG TRAIL		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL		CITY-ST-ZIP				
TITLE	PDTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARNICK, REGINALD C II		NAME				
STREET ADDRESS	623 FLAMINGO DR.		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP				
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTLETT, EDWARD L		NAME				
STREET ADDRESS	3000 SW 10TH ST		STREET ADDRESS	720 W. MCNAB RD. FORT LAUDERDALE, FL			
CITY-ST-ZIP	POMPANO BCH, FL		CITY-ST-ZIP	33309			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARNICK II, REGINALD C		NAME				
STREET ADDRESS	623 FLAMINGO DR		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL		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>Edward L. Bartlett</i>		EDWARD L. BARTLETT		1/7/04 954-971-1000 #23			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			