

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**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**



02202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0397374</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MORAITIS, ROBERT J ESQUIRE  
1310 SOUTHEAST THIRD AVE  
FT. LAUDERDALE, FL 33316**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PDTD
NAME	CARNICK, REGINALD C II
STREET ADDRESS	623 FLAMINGO DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	SVPD
NAME	BARTLETT, EDWARD L
STREET ADDRESS	720 W. MCNAB ROAD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	D
NAME	CARNICK II, REGINALD C
STREET ADDRESS	623 FLAMINGO DR
CITY-ST-ZIP	FORT LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

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03/04/08-80041-011 150.00

**CORP. SEC. (654)**  
**Edward L. Bartlett** 2/21/08 971-1000 #233