

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88238

FILED
Mar 08, 2005
Secretary of State

Entity Name: SHAFFER AIR CONDITIONING AND REFRIGERATION SERVICES, INC.

Current Principal Place of Business:

12488 KIRBY SMITH RD.
ORLANDO, FL 32832 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 720478
ORLANDO, FL 32872 US

New Mailing Address:

FEI Number: 59-3095058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, CARL E
12488 KIRBY SMITH RD.
ORLANDO, FL 32832 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAFFER, CARL E
Address: 12488 KIRBY SMITH RD.
City-St-Zip: ORLANDO, FL 32832

Title: VP () Delete
Name: MANN, BRADFORD J
Address: 5500 NEW JERSEY AVE.
City-St-Zip: DELEON SPRINGS, FL 32130

Title: ST () Delete
Name: SHAFFER, DONNA M
Address: 12488 KIRBY SMITH RD.
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M. SHAFFER

ST

03/08/2005

Electronic Signature of Signing Officer or Director

_____ Date