


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90051 040 ***150.00

DOCUMENT # P03000092423
 1. Entity Name
WHITEY'S AIR CONDITIONING, INC.



Principal Place of Business Mailing Address
1166 S PATRICK DR **1166 S PATRICK DR**
SATELLITE BEACH FL 32937 **SATELLITE BEACH FL 32937**

50012612



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
1166 S. PATRICK DR. *SATELLITE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SAT BEACH FLA *SATELLITE BEACH FL*
 Zip Country Zip Country
32937 *USA*

4. FEI Number **45-2522222** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARTIN, MILTON D
1166 S PATRICK DR
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent
 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 *Milton D Martin* DATE *1/30/05*
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT <input type="checkbox"/> Delete
NAME	MARTIN, MILTON D
STREET ADDRESS	1166 S PATRICK DR
CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	DVS <input type="checkbox"/> Delete
NAME	THATCHER, CHARLES
STREET ADDRESS	1166 S. PATRICK DR.
CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowerment.

SIGNATURE: *Milton D Martin* Date: *1/30/05* 321/773-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #