


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F60389</b> 1. Entity Name GLACIER AIR CONDITIONING, INC.	
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Principal Place of Business 250 LAKE DRIVE COCONUT CREEK, FL 33066	Mailing Address 250 LAKE DRIVE COCONUT CREEK, FL 33066
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**DO NOT WRITE IN THIS SPACE**



02132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2152630	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  
  
COOKSON, DOREEN  
250 LAKE DRIVE  
COCONUT CREEK, FL 33066

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST COOKSON, DOREEN 250 LAKE DRIVE COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COOKSON, CHARLES 250 LAKE DR. COCONUT CREEK, FL 33066
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U00000236921  
02/21/05-80038-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** D. E. Cookson **DOREEN COOKSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2-18-2005 (954) 971-3058  
Daytime Phone #