

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90044 032 ***150.00

DOCUMENT # 117163

1. Entity Name

AMERICAN COOLAIR CORPORATION



Principal Place of Business

3604 MAYFLOWER ST
P.O. BOX 2300
JACKSONVILLE FL 32203

Mailing Address

3604 MAYFLOWER ST
P.O. BOX 2300
JACKSONVILLE FL 32203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0141620

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GRAVES, HARRY M., JR.
6962 ALMOURS DR
JACKSONVILLE FL 32217

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

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, 2006 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 CP ☐ Delete
NAME GRAVES, HARRY M JR
STREET ADDRESS 6962 ALMOURS DR
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE S ☐ Delete
NAME GRAVES, SARA E.
STREET ADDRESS 3416 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VS ☐ Delete
NAME GRAVES, ROBERT B
STREET ADDRESS 7272 SAN LUCAS RD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE V ☐ Delete
NAME TAYLOR, NEAL P
STREET ADDRESS 3420 SECRET COVE
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE V ☒ Delete
NAME CHESTER, FRANCIS J
STREET ADDRESS 684 CHERRY GROVE RD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VT ☐ Delete
NAME MATABOS, J. MANUEL J
STREET ADDRESS 3464 SIMCA DR., W.
CITY-ST-ZIP JACKSONVILLE FL 32277

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME CHESTER, FRANCIS J.
STREET ADDRESS 2922 LONGLEAF RANCH CIRCLE
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Change ☐ Addition
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 Section 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 of 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 #

Harry M. Graves Jr. Pres. Int 2-2-06 909389 3646