

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91235 027 ***150.00

DOCUMENT # 192069

1. Entity Name

AIR CONDITIONING- WEATHERMASTERS CO.



Principal Place of Business

2810 CORRINE DR
ORLANDO FL 32803

Mailing Address

2810 CORRINE DR
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0766951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, HUGH S AND BEVERLY C.
2810 CORRINE DR
ORLANDO FL 32803

Name

BEVERLY C. MARTIN

Street Address (P.O. Box Number is Not Acceptable)

2810 CORRINE DRIVE

City

ORLANDO

FL

Zip Code
32803

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

Beverly C. Martin

BEVERLY C. MARTIN, CORP. SECRETARY

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, HUGH S	
STREET ADDRESS	2810 CORRINE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COOK, RUBY H.	
STREET ADDRESS	401 N. 13TH STREET	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, BEVERLY C.	
STREET ADDRESS	2810 CORRINE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
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		

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	PVTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BEVERLY C.	
STREET ADDRESS	2810 CORRINE DRIVE, ORLANDO, FL. 32803	
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 empowered.

SIGNATURE: *Beverly C. Martin*

BEVERLY C. MARTIN, CORP. SECRETARY, 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 804-0881