
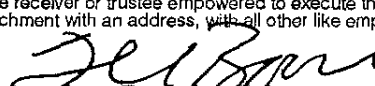


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 205676</b> 1. Entity Name <b>RAY BOONE AIR CONDITIONING, INC.</b>					
Principal Place of Business <b>11041 S.W. 77 AVE MIAMI FL 33156 US</b>			Mailing Address <b>19815 SW 88 COURT MIAMI FL 33157 US</b>		
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 <b>59-0824960</b>			Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
<b>BOONE, THACKER C 19815 SW 88TH COURT MIAMI FL 33157</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>BOONE, THACKER C</b> <b>19815 SW 88 CT</b> <b>MIAMI FL 33157</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BOONE, RAYMOND C</b> <b>11041 SW 77 AVE</b> <b>MIAMI FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date <b>2-1-05</b> Daytime Phone # <b>301-0619</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/04)

4. FEI Number **59-0824960** 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

**BOONE, THACKER C  
19815 SW 88TH COURT  
MIAMI FL 33157**

Name

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

City

**FL**

Zip Code

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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, 2005 Fee Will Be \$550.00**  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
**BOONE, THACKER C**  
**19815 SW 88 CT**  
**MIAMI FL 33157** ☐ Delete

TITLE  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
**BOONE, RAYMOND C**  
**11041 SW 77 AVE**  
**MIAMI FL 33156** ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #