



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 205676</b> 1. Entry Name RAY BOONE AIR CONDITIONING, INC.			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 11041 S.W. 77 AVE MIAMI, FL 33156 US</td> <td style="width: 50%;">Mailing Address 19815 SW 88 COURT MIAMI, FL 33157 US</td> </tr> </table>			Principal Place of Business 11041 S.W. 77 AVE MIAMI, FL 33156 US
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<h2>DO NOT WRITE IN THIS SPACE</h2>			
<b>6. Name and Address of Current Registered Agent</b>  BOONE, THACKER C 19815 SW 88TH COURT MIAMI, FL 33157		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>  U00000543962 05/11/06-80016-019 150.00	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOONE, THACKER C 19815 SW 88 CT MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOONE, RAYMOND C 11041 SW 77 AVE MIAMI, FL 33156		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>		
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TITLE 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 Chapter 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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> 		Date <u>4-10-06</u> Daytime Phone # <u>305 301-0619</u>	



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0824960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	