


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 238851		
1. Entity Name AIR CONDITIONING ENGINEERS, INC. OF FORT WALTON BEACH FLORIDA		
Principal Place of Business	Mailing Address	
243 HOLLYWOOD BOULEVARD NORTHWEST SUITE C FT. WALTON BEACH, FL 32548	243 HOLLYWOOD BOULEVARD NORTHWEST SUITE C FT. WALTON BEACH, FL 32548	
DO NOT WRITE IN THIS SPACE		
		03022005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-0901680		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
SMITH, EUNICE D 243 HOLLYWOOD BLVD NW SUITE C FT WALTON BEACH, FL 32548		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) DATE _____		
Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, EUNICE D 243 BEACHVIEW DRIVE FORT WALTON BEACH, FL 32547	DO NOT WRITE IN THIS SPACE
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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)(l), 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: <u>Eunice D Smith</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-18-05 850-243-3358 Date Daytime Phone #