


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 255410	
1. Entity Name ACME AIR CONDITIONING COMPANY, INC.	

Principal Place of Business <input type="checkbox"/> <input type="checkbox"/>	Mailing Address
2626 CENTRAL AVENUE SAINT PETERSBURG, FL 33712	2626 CENTRAL AVENUE SAINT PETERSBURG, FL 33712

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0949289	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRIDGE, JOHN E
 2455 14TH ST N
 ST PETERSBURG, FL 33704

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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: *John E. Bridge* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRIDGE, JOHN E 2455 -14TH ST N SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BRIDGE, LORIN B 1780- 73RD CIR NE SAINT PETERSBURG, FL 33702
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/18/05-80021-021 150.00

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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: *John E. Bridge* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR