


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 255410**

1. Entity Name  
**ACME AIR CONDITIONING COMPANY, INC.**



Principal Place of Business      Mailing Address

**2626 CENTRAL AVENUE**      **2626 CENTRAL AVENUE**  
**SAINT PETERSBURG, FL 33712**      **SAINT PETERSBURG, FL 33712**

**DO NOT WRITE IN THIS SPACE**



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0949289</b>	Applied For 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

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

**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: *John E. Bridge*      DATE: 2/22/06

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UNL000450184  
 REV 03/06-80083-021 150.00

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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.

SIGNATURE: *John E. Bridge*      DATE: 2/22/06      DAYTIME PHONE: 327 4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #