2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

	AMENDED AN	TOAL ILLI OI	* •				
DOCU	MENT # 442831		0 W. T.				
1. Entity Name				OF CE	05 SEP 23 PM 4: 05		
ALL YEAR COOLING AND HEATING, INC.					1 50 111 4 6-		
				<i>5</i> / C	, ATE		
Principal Plac	e of Business	Mailing Address		SEU	HAS. C. PLORIDA		
1345 NE 4T		1710 S.W. 55TH AVE.		IALLE	(,), (O,) = (· · · ·		
	RDALE, FL 33304-1031 US	PLANTATION, FL 3331	7 US				
			, 05				
2. Principal P	Place of Business	3. Mailing Address	Suttla.	اللالاللال			
Suite, Apt.	"NIR ALLIANC	Suite, Apt. #, etc.	>4mA1	$\mathcal{A} \mid \mathcal{Y}$			
Soile, Apr.	#, etc.	Suite, Apt. #, etc.		09202005	Chg-P CR2E03	34 (10/03)	
City & State Applied For Applied For						Applied For	
TON	- bududali	1 Pont Vou	deronu	59-1496		Not Applicable	
Zip S 20 0 1 2 2 0 1							
<u>-333</u>	04 Islamma	3330 W	DIUM	140		ee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and	Address of New Registered A	gent	
SMITH, THOMAS S. Name THOMAS S.							
	55TH AVE.		Street Add	ress (P.O. Box Number	ris Not Acceptable)		
	ION, FL 33317		135	12 N E	: 420 H	V	
				-	-		
			City C1	1 . A.	do le FL	Zio Code	
0 The share	and calls a backs the attendant to	the annual of the state in the		- maes	<i>W</i> +4	1 3 3 3 0 9	
 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 Signature typed or printed name 3 registered agent and talle if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	ong diale, types of printed registerer ages to	TO THE PROPERTY OF THE PROPERT	The grant of the g	equired when tempteting/			
		9. Election Campaig	gn Financing	\$5.00 May Be			
Am	ended AR is \$61.25	Trust Fund Contr	ibution.	Added to Fees			
10.	OFFICERS AND	DIRECTORS .	11.	ADDITIONS	HANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	P	Delete	тить В	ADDITIONO	TIANGES TO OTTICE TO AND	Change Addition	
NAME	SMITH,THOMAS S.	Delete	NAME	7. A a a a a 4.7	ابلانسىء	Change (F) Addition	
STREET ADDRESS	1710 SW 55TH AVE	,	STREET ADDRESS	I (10 MAY)	A. Smith		
CITY-S1-ZIP	PLANTATION, FL	_	CITY-ST-ZIP	GIGI SW	21 Street		
TITLE	s	Delete	TITLE	Phatyt	10N PL 33	hat je 🔲 Addition	
NAME	SMITH, GRETA B.	^	NAME	9 0	MACGGAAA		
STREET ADDRESS	1710 SW 55TH AVE		STREET ADDRESS	กควัวจั	1 0059900 1 70501051004	=====================================	
CHY-ST-ZIP	PLANTATION, FL		CITY-ST-ZIP		00 01001 001	##10.00	
TITLE	V TURNA	☐ Delete	TITLE _ 5	ERIN	Smith	☐ Change	
NAME REPLEX APPROPRIE	SMITH, THOMAS A		NAME	cellei S	w 21 Stre	<i>I</i>	
STREET ADDRESS CITY-ST-ZIP	13061 S.W. 30 COURT DAVIE, FL 33330		STREET ADDRESS CITY-S1-ZIP	Dia Lai.		2. 2	
				PVMVMATI	W H 33	31+	
TITLE	TD SMITH, GRETA B.	Delete	TITLE T	Audreu	Smith	unange unascition	
STREET ADDRESS	1710 SW 55TH AVE	1	STREET ADORESS	12061 6	11 2 0 Per	+	
CITY-ST-ZIP	PLANTATION, FL		CITY-SI-ZIP	_	Nzo com	4	
THTLE		☐ Delete	TITLE	DAVU	८ . 	Change Addition	
NAME		DOIGIG	NAME	•	- ,,,,	John Strategy Control	
STREET ADDRESS			STREET ADDRESS				
CATY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
12. I hereby certify that the information supplied with this fitting 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.							
						The state of the s	
CICNIAT	TIPE. The	2 P	TT.	TH	مروح (مسلالا	9-20-01	
SIGNAT		RINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	THOM	ns S. Smorth	9-20-01	
SIGNAT		RINTED NAME OF SIGNING OFFICER OF	OR DIRECTOR	THOM	rs. S. Smort H	9-20-05 54-566-4644	