


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 026 ***150.00

DOCUMENT # 442831 1. Entity Name ALL YEAR COOLING AND HEATING, INC.	
--	---

Principal Place of Business 1345 NE 4TH AVENUE FORT LAUDERDALE, FL 33304-1031 US	Mailing Address 1345 NE 4TH AVENUE FORT LAUDERDALE, FL 33304-1031 US
--	--



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1496800	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, THOMAS 1345 NE 4TH AVE. FT. LAUDERDALE, FL 33304
--

**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.

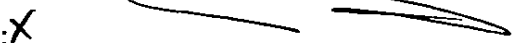
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	PV SMITH, THOMAS A 6161 SW 21 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, ERIN 6161 SW 21 STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, AUDREY 13061 S.W. 30 COURT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 04/28/06 x 974-610-bk-w
Date Daytime Phone #