2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 582056

1. Entity Name
DESIGN AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
4269 N.W. 1ST AVE. BOCA RATON, FL 33431	4269 N.W. 1ST AVE. BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1840151

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired XXXX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RITTER, GREGORY J.
7000 WEST PALMETTO PARK ROAD, SUITE 409
BOCA BANK CORPORATE CENTRE
BOCA RATON, FL 33433

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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: _____ 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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	EVANS, SHAWN
STREET ADDRESS	9864 MARINA BLVD #914
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80057-011 158.75

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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: Shawn Evans 2/4/04 561-395-9390
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #