


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 583114	
1. Entity Name MOBILE HOME AIR CONDITIONING AND HEATING SPECIALISTS, INC.	

Principal Place of Business 2114 PIERCE STREET HOLLYWOOD, FL 33020 US	Mailing Address 2114 PIERCE STREET HOLLYWOOD, FL 33020 US
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-1898813	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  NOBLE, BARBARA 2114 PIERCE STREET HOLLYWOOD, FL 33020	<b>DO NOT WRITE IN THIS SPACE</b>
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: Enter or printed name of registered agent and the filer (applicable) (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP NOBLE, BARBARA 2114 PIERCE STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	PST NOBLE, BARBARA 2114 PIERCE STREET HOLLYWOOD, FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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 I am empowered.

**SIGNATURE:** Barbara Noble Barbara Noble 2/23/05 954-966-2288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR