2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 08:00 AM Secretary of State

DOCUMENT # 588544** 1. Entity Name DAVIS AIR CONDITIONING INCORPORATED					Secretary of State			
Principal Place	e of Business	Mailing Address	<u> </u>					
5651 CHASE W PALM BEA	.CT CH, FL 33415 US.	5651 CHASE CT. WEST PALM BEACH, FL 33415	s US					
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	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For	
				59-189			Not Applicable	
				5. Certificate	of Status Desired	□ \$8 Fee	.75 Additional Required	
6. Name and Address of Current Registered Agent				dicion desirable for the second	ana and his mark	ragoryr, yn Elweigraethol	na nakalawan na mata Tananan na mata	
	ONALD LEE			no	NOT W	DITE		
5651 CHASE CT W PALM BEACH, FL 33415				face and the first of the first	Take A to a finite contact	. •		
AA I-WEINI O	CROTI, LE 30415				THIS SF	ACE		
SIGNATURE Signature, typed or printed name of registered agent and title 8 applicable. (NOTE Registe			d Agent signature r	required when reinstating)				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees	U0000 04/21/04	0122903 -80049-1	008 158.75	
10.	ÖFFICERS AND DI	RECTORS	rajeminin	Transport of the second	dan perinangan (garunga). Jawa kalalahan kala	erse war jan yasi Turu wasin na tas	Stempers districtions	
TITLE HAME	PD DAVIS, RONALD LEE							
STREET ADDRESS	5651 CHASE CT		134,5					
CITY-ST-ZIP	W PALM BEACH, FL		avari dalaha				r i a Et lilikusikk	
RRE NAME	DAVIS, KATHLEEN JULIA							
STREET ADDRESS	5651 CHASE CT				BAGARA.			
CITY-ST-ZIP	W PALM BEACH, FL		3.33.9 (3.33.2)		224 \$22 \$16 }	and the second of		
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STREET ADDRESS								
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RTLE NAME								
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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 of 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:

CHY-ST-ZIP

IITLE

NAME

STREET ADDRESS

CHY-ST-ZIP

NOTIFIED ON PRINTED HAME OF SICHING OFFICER ON DIRECTOR

1/19/04 561-689-9580