2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 588544 1. Entity Name

DAVIS AIR CONDITIONING INCORPORATED



FILED Feb 15, 2008 08:00 AM Secretary of State

Principal Place of Business

5651 CHASE CT

W PALM BEACH, FL 33415 U

Mailing Address

5651 CHASE CT.

WEST PALM BEACH, FL 33415

02042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1893066 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD LEE 5651 CHASE CT W PALM BEACH, FL 33415

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 The above named entity submits this statement for the p the obligations of registered agent. 	ourpose of changing its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and little	I applicable (NOTE Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIREC	OTORS (
TITLE DD		

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10,	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RONALD LEE 5651 CHASE CT W PALM BEACH, FL 33415	
NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KATHLEEN JULIA 5651 CHASE CT W PALM BEACH, FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
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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 Specute 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 fill gine like empowered.

SIGNATURE:

NATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. DOVIS 2/2/08

561-689-9580

Daytime Phone #