## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 06, 2004 8:00 am Secretary of State

DOCUMENT # F03000002477					07-06-2004 90003 019 ***150.00			
1. Entity Name VAN'S CONFORTEMP AIR CONDITIONING, INC.								
				ILE:				
Principal Place	of Business	ै. ∮Mailing Address अध्यक्ष	ويهويون يعاولها في بأود نقه الهد	K. F. F. F. J. Kellengijsky	The Thirtheological control is to superior	540	59882	
C/O AIRTRON, INC.  C/O AIRTRON, INC.						0 1/0	0000	
7813 N. DIXIE DR. 7813 N. DIXIE DR. DAYTON, OH 45414								
DATION, OIL 43414			•				##	
Principal Place of Business     3. Mailing Address							<u> </u>	
Resid	teutial Services Broup In	Residential Serv	ices Group,	Inc.				
Suite, Apt. #, etc. 78/3 N. D. X/e D.		Suite, Apt. #, etc. 78/3 N. Dixre Dr.		0701	07012004 Chg-P CR2E034 (10/03)		03)	
City & State		City & State		4. FEI	Number		Applied For	
	ton, OH	Dayton, Ot	/	13	-4 <u>248608</u>		Not Applicable	
Zip	Country	Zip	Country	5. Cer	tificate of Status Desired		Additional	
45414 U.S.		<u>454/4</u>	u.s.			Fee Rec	Juired	
6. Name and Address of Current Registered Agent , 7. Name and Address of New Registered Agent Name								
NRAI SERVICES, INC.						<del></del>	<del></del>	
526 E PARK AVE Street Address (P.O. Box Number is Not Acceptable)								
ALLAHAS	SSEE, FL 32301				, , , , , , , , , , , , , , , , , , ,			
			City		<u> </u>	<b>F</b> a   7in	Code	
d d			Oity	FL Zip Code				
	named entity submits this statement for one of registered agent.	r the purpose of changing its re	egistered office or	registered agent	, or both, in the State of	Florida. I am familiar v	with, and accept	
the obligati	ons of registered agent.							
SIGNATURE								
	Signature, types or printed frame of register on agent	and the mappingation. (NOTE.	Trogram and Agent and tract	ID TO COME OF THE LOCATION OF				
FIL	E NOW!!! FEE IS \$150:00	9. Election Campaig		\$5.00 May		e with s. 607, 193(2)	(b), F.S., the	
Dı	ue by September 8, 2004	Trust Fund Contril	bution, $\square$	Added to Fee	es corporation d	id not receive the pi	for notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDI	TIONS/CHANGES TO O	FFICERS AND DIREC	TORS IN 11	
TITLE	C	☐ Delete	TITLE	VP.		☐ Cha	nge 🔀 Addition	
NAME	STANTON, CARL		NAME	Seoff Boo	SE WAY			
STREET ADDRESS CITY-ST-ZIP	390 PARK AVE NEW YORK, NY 10022		STREET ADDRESS CITY-ST-ZIP		13 N DIXIEDA			
	VC		TITLE	Dayton,	OH 45414		ana Fil Addition	
TITLE NAME	CASCADE, JOSHUA	☐ Delete	NAME	Wictor R	rgucci	☐ Cha	nge 🔼 Addition	
STREET ADDRESS	390 PARK AVE		STREET ADDRESS	7813 N.	Dixre Dr.			
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	Dayton				
TITLE	Р	☐ Delete	TITLE			☐ Cha	nge 🔲 Addition	
NAME	SALZER, ERIC		NAME					
STREET ADDRESS	7813 N DIXIE DR		STREET ADDRESS					
CITY-ST-ZIP	DAYTON, OH 45414		CITY-ST-ZIP	<u> </u>	<u> </u>			
TITLE NAME	VPST : JOHNSTON, TIMOTY	☐ Delete	, TITLE NAME			☐ Cha	nge 🗌 Addition	
STREET ADDRESS	7813 N DIXIE DR		STREET ADDRESS					
CITY-ST-ZIP	DAYTON, OH 45414		CITY-ST-ZIP					
TITLE	:	☐ Delete	TITLE			☐ Chai	nge 🔲 Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Chai	nge 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				.	
CITY-ST-ZIP			CITY-ST-ZIP				ſ	
	l certify that the information supplied with	n this filing does not qualify for		ed in Section 119	0.07(3)(i), Florida Statute	s. I further certify that t	the information	
indicatéd	on this report or supplemental report is progration or the receiver or trustee emp	s true and accurate and that m	y signature shall h	ave the same leg	al effect as if made unde	er oath; that I am an of	ficer 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7-1-04

Daytime Phone #