2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27740

FILED Jan 08, 2004 Secretary of State

Entity Name: WEATHER CONTROL AIR CONDITIONING, INC.

urrent Pr	rincipal Place of Business:	New Principal Place of Business:
06 CENTE	ER ROAD	
UITE A	FRS FL 33907 US	
urrent Ma	ailing Address:	New Mailing Address:
.O. BOX 6		
I MYERS	s, FL 33906 US	
Il Number:	65-0080106 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
ame and	Address of Current Registered Age	ent: Name and Address of New Registered Agent:
-D) ((O)()		
)20 TIGÉR DRT MYE ne above the State	of Florida.	SERVICK, WILLIAM S. 8020 TIGER PALM WAY FORT MYERS, FL 33912 US or the purpose of changing its registered office or registered agent, or both 01/08/2004
020 TIGÉF ORT MYE he above	R PALM WAY ERS, FL 33912 named entity submits this statement fo of Florida.	8020 TIGÉR PALM WAY FORT MYERS, FL 33912 US or the purpose of changing its registered office or registered agent, or both 01/08/2004
020 TIGÉR ORT MYE ne above the State GNATUR	R PALM WAY ERS, FL 33912 named entity submits this statement fo of Florida. RE:	8020 TIGÉR PALM WAY FORT MYERS, FL 33912 US or the purpose of changing its registered office or registered agent, or both 01/08/2004 ed Agent Date
020 TIGÉR ORT MYE he above the State IGNATUR ection Cam	R PALM WAY ERS, FL 33912 named entity submits this statement for of Florida. RE: Electronic Signature of Register	8020 TIGÉR PALM WAY FORT MYERS, FL 33912 US or the purpose of changing its registered office or registered agent, or both 01/08/2004 ed Agent Date
D20 TIGÉR DRT MYE ne above the State GNATUR ection Cam	R PALM WAY ERS, FL 33912 named entity submits this statement for of Florida. RE: Electronic Signature of Registers npaign Financing Trust Fund Contribution (8020 TIGÉR PALM WAY FORT MYERS, FL 33912 US or the purpose of changing its registered office or registered agent, or both 01/08/2004 ed Agent Date).
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S. SERVICK P 01/08/2004