

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90002 011 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F27740

1. Entity Name
WEATHER CONTROL AIR CONDITIONING, INC.



Principal Place of Business
**606 CENTER ROAD
SUITE A
FORT MYERS, FL 33907 US**

Mailing Address
**P.O. BOX 60064
FT MYERS, FL 33906 US**

30002069



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0080106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SERVICK, WILLIAM S.
8020 TIGER PALM WAY
FORT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

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 *William S. Servick*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-2005

**FILE-NOW!!!-FEE-IS-\$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SERVICK, WILLIAM
STREET ADDRESS	8020 TIGER PALM WAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	S
NAME	SERVICK, STATIA L.
STREET ADDRESS	8020 TIGER PALM WAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	VP
NAME	SERVICK, WILLIAM
STREET ADDRESS	206 SE 6TH PLACE 1138 SW 23 ST
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 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 like empowered.

SIGNATURE: *William S. Servick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2005

Date

239-936-0333

Daytime Phone #