

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F90673**  
 1. Entity Name  
**B & B AIR CONDITIONING & REFRIGERATION, INC.**



Principal Place of Business      Mailing Address  
**8260 SW 35 TERR**      **8260 SW 35 TERR**  
**MIAMI FL 33155**      **MIAMI FL 33155**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE      CR2E034 (10/04)

4. FEI Number **59-2209643**      Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LACANNE, LAWRENCE**  
**8260 SW. 35 TERR.**  
**MIAMI FL 33155**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Trust Fund Contribution.  Added to Fee

**10. OFFICERS AND DIRECTORS**

TITLE	DVP	<input type="checkbox"/> Delete
NAME	LACANNE, SCOTT	
STREET ADDRESS	18390 SW 204TH ST.	
CITY- ST- ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LACANNE, LAWRENCE	
STREET ADDRESS	8260 S.W. 35TH TERRACE	
CITY- ST- ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LACANNE, RUSSLYN	
STREET ADDRESS	8260 S.W. 35TH TERRACE	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1100000216007  
 02/05/05-80032-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lawrence Lacanne*      **2/3/05**      **305-225-0553**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #