2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 04, 2004 8:00 am Secretary of State

07-22-2004 90006 013 ***150.00

1. Entity Name A & B AIR CONDITIONING AND REFRIGERATION, INC.						07-22-200	J4 90006 013 ****	130.00		
Principal Place 7671 STATE BUSHNELL, F	i }	Mailing Address 7671 STATE ROAD 471 BUSHNELL, FL 33513 US								
2. Principal Place of Business		3. Malling Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07152004	Chg-P	CR2E034 (10/03)				
City & State		City & State		4. FEI Numbe 59-2369			pplied For ot Applicable			
Zip	Country	Zip	Coun	ntry	5. Certificate	of Status Desired	S8.75 Ad Fee Require	ditional .		
	5. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered Agent			
	======================================	<u> </u>		Name	a : 100 a 110 a 100 a		-			
	NDREW M. TE ROAD 471 L, FL 33513		Street Address (P.O. Box Number Is Not Acceptable)							
		1		City			FL Zip Coo	le l		
8. The above	named entire submits his statement ions of pegiplered exent.	for the purpose of changing its	s register	ed office or register	red agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept		
the obligati	ions or registered adent.							,		
SIGNATURE Signature, hyboid or printed name of ingrisered about and their applicable. (NOTE: Reputatived Apont Signature required when reinstating) DATE										
	LE NOWIII FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Con	•		.00 May Be led to Fees	In accordance v corporation did	vith s. 607.193(2)(b), not receive the prior	F.S., the notice.		
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11 .		
		DURECTORS								
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS K. Hawes 8/2/04 352 793-4621

Date Dayline Prove #