


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # H16843
 1. Entity Name
A-ARTIC AIR CONDITIONING SYSTEMS, INC.



Principal Place of Business 491 NE 28TH ST POMPANO BEACH, FL 33064	Mailing Address 491 NE 28TH ST POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE

03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2436001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINCENT, MICHAEL C.
 491 NE 28TH ST
 POMPANO BEACH, FL 33064

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	MICHAEL C. VINCENT
STREET ADDRESS	491 NE 28TH ST
CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	S
NAME	VINCENT, GABRIEL RYAN
STREET ADDRESS	491 NE 28TH ST
CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	V
NAME	VINCENT, BRANDEN
STREET ADDRESS	491 NE 28TH ST
CITY - ST - ZIP	POMPANO BEACH, FL 33064
TITLE	T
NAME	VINCENT, TODD
STREET ADDRESS	2054 S LINCOLN AVE
CITY - ST - ZIP	SPRINGFIELD, IL 62704
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/23/05-80010-010 150.00

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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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Vincent*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____