


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

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



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



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2436001</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	

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04/22/06-80035-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # \_\_\_\_\_