


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90055 007 ***150.00

DOCUMENT # H47946

1. Entity Name
LEWIS MORRIS AIR CONDITIONING, INC.



Principal Place of Business Mailing Address

**2212-A ANDREA LANE
FORT MYERS FL 33912** **2212-A ANDREA LANE
FORT MYERS FL 33912**



2. Principal Place of Business 3. Mailing Address

1348 Tanglewood Pkwy **PO Box 3950**

Suite, Apt. #, etc.) Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State

FT Myers, FL **N Ft Myers, FL**

Zip Country Zip Country

33919 **USA** **33918** **US**

4. FEI Number Applied For

59-2525650 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, ELMER LEWIS
1348 TANGLEWOOD PKWY
FORT MYERS FL 33919**

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: *Elmer Lewis Morris* DATE: **3/4/05**

Signature, typed or printed name of the 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, ELMER LEWIS	
STREET ADDRESS	1348 TANGLEWOOD PKWY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, JOAN	
STREET ADDRESS	1348 TANGLEWOOD PKWY	
CITY-ST-ZIP	FORT MYERS 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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Elmer Lewis Morris* DATE: **3/4/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #