2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 09, 2004 8:00 am **Secretary of State** DOCUMENT # J07071 1. Entity Name 04-09-2004 90046 001 ***150.00 CONDENSER MAINTENANCE AND SUPPLY OF FLORIDA, Mailing Address Principal Place of Business 12799 MARINER CT. 12799 MARINER CT. 24039050 PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2670353 Not Applicable 7in Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANBORN, JAMES F. Street Address (P.O. Box Number is Not Acceptable) 12799 MARINER COURT PALM CITY FL 34990 MARINER both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE SANBORN, MARGARET L. 12799 MARINER CT. PALM CITY, FL. Change : TITLE SANBORN, JAMES F. NAME NAME STREET ADDRESS 12799 MARINER CT. STREET ADDRESS CITY-ST-ZIP PALM CITY FL CITY-ST-ZIP SANBORN, JAMES F. JR. Change 409 E RED PINE CIRCLE X Addition ₩ Delete TITLE TITLE NAME SANBORN, MARGARET L. NAME STREET ADDRESS 12799 MARINER CT. STREET ADDRESS DOUSMAN, Wi, 53118 PALM CITY FL CITY-ST-ZIP CITY-ST-ZIP SANBORN MARGARET L. & Change TITLE Delete ☐ Addition MAME SANBORN, JAMES F .--MAME STREET ADDRESS STREET ADDRESS 12799 MARINER CT. PALM CITY, FL. CITY-ST-ZIP CITY-ST-7IP PALM CITY FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MARGARET LSANBORN 4/6

FILED