## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Canada Stare

## Mar 12, 2004 08:00 AM DOCUMENT # J45198 **Secretary of State** 1. Entity Name AIR RITE AIR CONDITIONING, INC. Principal Place of Business Mailing Address 836 GLOUCHESTER STREET BOCA RATON FL 33487 836 GLOUCHESTER STREET BOCA RATON FL 33487 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 59-2748884 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, RICHARD J. 836 GLOUCHESTER STREET Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** City 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 ubligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSD Delete TITLE Change ☐ Addition HARRIS, RICHARD J. NAME Unnn00086843 836 GLOUCHESTER STREET STREET ADDRESS STREET ADDRESS 03/12/04-80039-023 158.75 C37Y - ST - 23P **BOCA RATON FL 33487** CITY-ST-ZIP ☐ Addition HILE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME MASSE STREET\_ACCRESS STREET ADDRESS CXTY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C87Y-ST-78 CRY-ST-78P ☐ Delete TETLE ☐ Change ☐ Addition TID F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CATY-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.

Richard J. Horris Pres.

**FILED**