

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90247 039 ***150.00

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04142005 - Chg-P - CR2E034 (10/03)

DOCUMENT # J64838 1. Entity Name PRECISION AIR CONDITIONING, INC.					
Principal Place of Business 2310 NW 55 COURT SUITE 130 FT LAUDERDALE, FL 33309 US			Mailing Address 2310 NW 55 COURT SUITE 130 FT LAUDERDALE, FL 33309 US		
2. Principal Place of Business 4101 Ravenswood Rd. Suite, Apt., #, etc. # 304		3. Mailing Address 4101 Ravenswood Rd. Suite, Apt., #, etc. # 304			
City & State Dania Beach FL		City & State Dania Beach, FL		4. FEI Number 65-0002000	
Zip 33312-5353		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLIGAN, TIMOTHY J. 1010 SEMINOLE DRIVE APT 206 FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Mulligan, Timothy J. Street Address (P.O. Box Number is Not Acceptable) 4101 Ravenswood Rd Suite 304 City Dania Beach FL Zip Code 33312		
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 4/19/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLIGAN, TIMOTHY J.		NAME		
STREET ADDRESS	1010 SEMINOLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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.					
SIGNATURE:			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date _____ Daytime Phone # _____		