2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J78838

1. Entity Name
ABLE AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business	Mailing Address
2506 MOBILAIRE DR N LUTZ, FL 33549-4001	PO BOX 1434 LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2828809
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CALLICOAT, GARY L.
2506 MOBILAIRE DR.
LUTZ, FL 33549

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000116428
04/16/04-80065-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CALLICOAT, GARY LEE
STREET ADDRESS	2506 MOBILAIRE DR N
CITY-ST-ZIP	LUTZ, FL
TITLE	VPST
NAME	CALLICOAT, SUSAN C.
STREET ADDRESS	2506 MOBILAIRE DR
CITY-ST-ZIP	LUTZ, FL
TITLE	D
NAME	CALLICOAT, SUSAN C.
STREET ADDRESS	2506 MOBILAIRE DR N
CITY-ST-ZIP	LUTZ, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gary Callicoat 4/14/04 813-949-2526
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #