

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78838

FILED
Apr 07, 2005
Secretary of State

Entity Name: ABLE AIR CONDITIONING & REFRIGERATION, INC.

Current Principal Place of Business:

2506 MOBILAIRE DR N
LUTZ, FL 335494001

New Principal Place of Business:

2506 MOBILAIRE DR
LUTZ, FL 335594001

Current Mailing Address:

PO BOX 1434
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-2828809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CALLICOAT, GARY L.
2506 MOBILAIRE DR.
LUTZ, FL 33559 US

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.

SIGNATURE:

04/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALLICOAT, GARY LEE,
Address: 2506 MOBILAIRE DR N
City-St-Zip: LUTZ, FL

Title: VPST () Delete
Name: CALLICOAT, SUSAN C.,
Address: 2506 MOBILAIRE DR
City-St-Zip: LUTZ, FL

Title: D () Delete
Name: CALLICOAT, SUSAN C.,
Address: 2506 MOBILAIRE DR N
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALLICOAT, GARY LEE,
Address: 2506 MOBILAIRE DR
City-St-Zip: LUTZ, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALLICOAT, SUSAN C.,
Address: 2506 MOBILAIRE DR
City-St-Zip: LUTZ, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN C. CALLICOAT

VP

04/07/2005

Electronic Signature of Signing Officer or Director

Date