

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J91201

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** AIR CONDITIONING & REFRIGERATION SPECIALISTS, INCORPORATED

**Current Principal Place of Business:**

5309 W. BROWARD BLVD., #123  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

5309 W. BROWARD BLVD., #123  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0056498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRISON, NEVILLE  
5309 W. BROWARD BLVD. #123  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORRISON, NEVILLE  
Address: 5309 W. BROWARD BLVD., #123  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: NEVILLE MORRISON

P

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date