2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2005 08:00 AM DOCUMENT # K42799 **Secretary of State** 1. Entity Name CARL'S CENTRAL AIR, INC. Principal Place of Business __ Mailing Address 10147 NW 46 ST. 4631 NW 31 AVE SUNRISE, FL 33351 SUITE 160 FT LAUDERDALE, FL 33309 US 02012005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-0081253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent VON BEHREN, KURT J 2780 NW 29TH TERRACE LAUDERDALE LAKES, FL 33311 3. 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 Signature, typed of printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent a greature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME VON BEHREN, KURT J. STREET ADDRESS 3801 NW 119 AVENUE City-ST-ZIP **8UNRISE, FL 33323** U00000221836 02/03/05-80048-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-779 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 his report or required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen **SIGNATURE** ED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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