


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90059 007 ***150.00

DOCUMENT # K52193	
1. Entity Name RITE-TEMP AIR CONDITIONING AND REFRIGERATION, INC.	

Principal Place of Business 1278 SW 34TH ST. 3058 DALHART ROAD PALM CITY FL 34990	Mailing Address 4625 SW LONG BAY DRIVE 3058 DALHART ROAD PALM CITY FL 34990
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2. Principal Place of Business 4625 SW LONG BAY DR Suite, Apt. #, etc.	3. Mailing Address 4625 SW LONG BAY DR Suite, Apt. #, etc.
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MOORE CR2E034 (11/03)

City & State Palm City, FL USA	City & State Palm City, FL USA	4. FEI Number 65-0092805	Applied For <input type="checkbox"/> Not Applicable
Zip 34990	Country AAARTIN	Zip 34990	Country AAARTIN
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAHL, ALBERT F 3058 DALHART ROAD PORT ST LUCIE FL 34952		7. Name and Address of New Registered Agent Name Albert Kahl Street Address (P.O. Box Number is Not Acceptable) 4625 SW LONG BAY DR. City Palm City FL Zip Code 34990	
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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 *Albert Kahl* DATE 3/30/04

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAHL, ALBERT F. 3058 DALHART ROAD PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4625 SW Long Bay Drive Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHL, ROSEMARY C. 3058 DALHART ROAD PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4625 SW Long Bay Drive Palm City, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Albert Kahl* DATE 3/30/04 DAYTIME PHONE # 772-201-8384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR