

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90597 001 ***150.00
04-22-2005 90597 002 *****8.75

DOCUMENT # L04408

1. Entity Name

ARCTIC BREEZE AIR CONDITIONING, INC.



Principal Place of Business

2001A S.W. 100TH TERRACE
HOLLYWOOD FL 33025
US

Mailing Address

2001A S.W. 100TH TERRACE
HOLLYWOOD FL 33025
US



2. Principal Place of Business

6450 S.W. 56th Street
Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

1st MOORE

CR2F034 (10/04)

City & State

DAVIE, Florida

City & State

DAVIE

4. FEI Number

65-0253659

Applied For

Not Applicable

Zip

33314-7131

Country

BROWARD

Zip

DAVIE

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, SANDRA J.
1694 W. 72ND ST.
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name
LEO D. CARRIER

Street Address (P.O. Box Number is Not Acceptable)
6450 S.W. 56th Street

City
DAVIE

FL

Zip Code
33314-7131

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

Leo D. Carrier LEO D. CARRIER

4-16-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SDPT ☒ Delete
NAME WRIGHT, SANDRA J.
STREET ADDRESS 1694 W. 72ND STREET
CITY-ST-ZIP HIALEAH FL

TITLE V ☒ Delete
NAME KING, CHARLES K
STREET ADDRESS 1694 W. 72ND STREET
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST ☒ Change ☐ Addition
NAME LEO D. CARRIER
STREET ADDRESS 6450 S. W. 56th Street, Davie, FL
CITY-ST-ZIP 33314-7131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Leo D. Carrier LEO D. CARRIER

4/16/05

954-587-9971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #