2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L60265

FILED Feb 07, 2006 Secretary of State

Entity Name: BENSON & BENSON AIR CONDITIONING SERVICE, INC.

Current P	Principal Place	of Busi	iness:	New Principal Pla	cc of Business.
8810 NW PEMBROI	3RD ST KE PINES, FL 3	33024	US		
Current Mailing Address:				New Mailing Address:	
8810 NW PEMBROI	3RD ST KE PINES, FL 3	33024	US	6902 HONEY BEE MONROE, NC 281	
FEI Number	r: 65-0182951	FEI Nu	mber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent l	Registered Agent:	Name and Addres	s of New Registered Agent:
8810 NW	, JOHN A. 3RD ST KE PINES, FL 3	33024	US		
	e named entity s e of Florida.	ubmits t	this statement for the	purpose of changing its registe	ered office or registered agent, or both,
in the Stat	e of Florida.	ubmits t	this statement for the	purpose of changing its registe	ered office or registered agent, or both,
n the Stat	e of Florida. RE:		this statement for the ture of Registered Ag		ered office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE: Electroni	ic Signa			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electroni	ic Signa ı Trust Fu	ture of Registered Ag	rent	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electroniumpaign Financing	ic Signa Trust Fu TORS: Delete I.A., ST	ture of Registered Ag and Contribution ().	rent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	Ee of Florida. RE: Electronic Electronic	ic Signa Trust Fu TORS: Delete I A., NES, FL 3 Delete HAEL STREET	ture of Registered Agund Contribution ().	ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOHN A. BENSON DPT 02/07/2006