## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Aug 02, 2004 8:00 am Secretary of State DOCUMENT # L61853 1. Entity Name 08-02-2004 90016 037 \*\*\*150.00 FYE'S AIR CONDITIONING & REFRIGERATION, INC. Principal Place of Business Mailing Address 1226 7TH AVE C/O GEORGE C. FYE 44051364 APT. "A" VERO BEACH FL 32960 1226 7TH AVENUE VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 1226 7TA AVE. Suite. Apt. #, etc. 1226 Suite, Apt. #, etc. CR2E034 (4/04) APT: #A City & State City & State 4. FEI Number Applied For VEROBEACH. FL. 59-3003142 Not Applicable 3 2960 \$8.75 Additional 5. Certificate of Status Desired INDIAN RIVER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FYE, GEORGE C. = Street Address (P.O. Box Number is Not Acceptable) 1226 7TH AVENUE VERO BEACH FL 32960 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition FYE, GEORGE C. NAME NAME 1226 7TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition FYE, CONNIE R. NAME NAME STREET ADDRESS 1226 7TH AVENUE STREET ADDRESS CITY-ST-ZIF VERO BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**