


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M92137**  
 1. Entity Name  
**ACCU-AIR COOLING SERVICE, INC.**



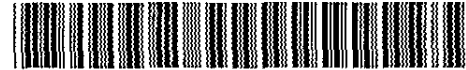
Principal Place of Business      Mailing Address  
**ACCU-AIR COLLING SERVICE**      **ACCU-AIR COLLING SERVICE**  
**8544 ALICANTA AVE.**              **8544 ALICANTA AVE.**  
**ORANGE PARK FL 32073**          **ORANGE PARK FL 32073**  
**US**                                      **US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.                      Suite, Apt #, etc.

City & State                              City & State

Zip    Country                                      Zip    Country



MOORE      CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**WINKLER, JOHN S.**  
**2515 OAK STREET**  
**JACKSONVILLE FL 32221**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEO, CHARLES HENRY	
STREET ADDRESS	260 HOLLYWOOD FOREST DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEO, BRENDA KAY	
STREET ADDRESS	260 HOLLYWOOD FOREST DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 02/05/04-80022-015 150.00

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:** *Brenda Kay Leo*      2-2-04 (904) 278-0900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #