

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
May 13, 2004 8:00 am
Secretary of State

04-19-2004 90278 045 ***150.00

DOCUMENT # M94726 1. Entity Name FOURNIER AIR CONDITIONING AND REFRIGERATION, INC.	
--	---

Principal Place of Business 6694-1 COLUMBIA PARK DR S JACKSONVILLE, FL 32258 US	Mailing Address 6694-1 COLUMBIA PARK DR S JACKSONVILLE, FL 32258 US
---	---



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2904896	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOURNIER, THOMAS J. 2781 HARBOR CT. SAINT AUGUSTINE, FL 32084

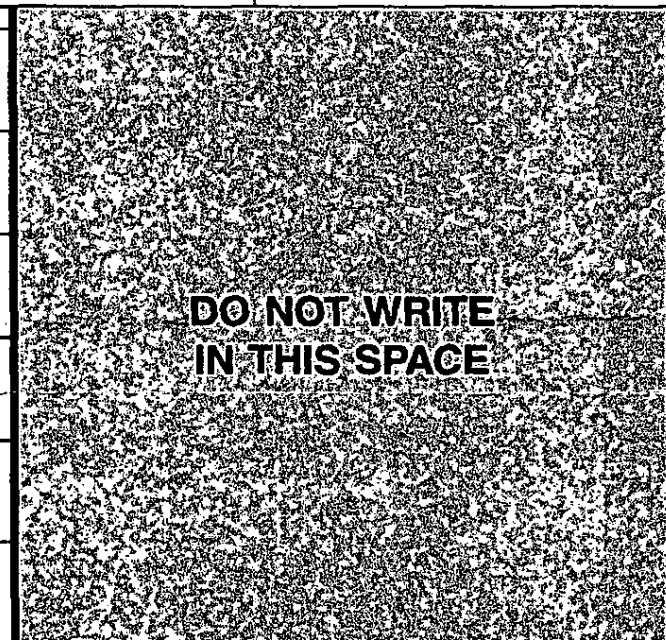


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOURNIER, THOMAS J. 6694-1 COLUMBIA PARK DR S JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Thomas J. Fournier x 5/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #