


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000025194
 1. Entity Name
 A/C & REFRIGERATION DOCTOR, INC.



Principal Place of Business Mailing Address
 30025 SW 143RD CT. 30025 SW 143RD CT.
 LEISURE CITY, FL 33033 LEISURE CITY, FL 33033

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1048705 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DECKER, MICHAEL K ESQ.
 C/O PERSAUD & DECKER
 1450 MADRUGA AVE., STE. 300
 CORAL GABLES, FL 33146

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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 qualifications of registered agent.

SIGNATURE _____
Signature must be printed name of registered agent and title of agent. (NOTE: Registered Agents are required to be in the State of Florida.) 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

UN00000122219
 04/21/04-80019-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD DANFORD, MARY JANE 30025 SW 143RD CT. LEISURE CITY, FL 33033
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I 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: Mary J. Danford 04-19-04 MARY J. DANFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PRINT NAME