

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025194

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: A/C & REFRIGERATION DOCTOR, INC.

**Current Principal Place of Business:**

30025 SW 143RD CT.  
LEISURE CITY, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

30025 SW 143RD CT.  
LEISURE CITY, FL 33033

**New Mailing Address:**

FEI Number: 65-1048705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DECKER, MICHAEL K ESQ.  
C/O PERSAUD & DECKER  
1450 MADRUGA AVE., STE. 300  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: DANFORD, MARY JANE  
Address: 30025 SW 143RD CT.  
City-St-Zip: LEISURE CITY, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANFORD, MARY JANE

PSTD

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date