

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

05-10-2004 90479 038 ****61.25
P00000037315

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 26 AM 8:54

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04292004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000037315					
1. Entity Name CONTROLLED SYSTEMS A/C & REFRIGERATION, INC.					
Principal Place of Business 3211 CLEVELAND ST HOLLYWOOD, FL 33021			Mailing Address 3211 CLEVELAND ST HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0999915	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent MCGARRY, THOMAS P 3211 CLEVELAND ST HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
9. 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 reappointing) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MCGARRY, THOMAS 3211 CLEVELAND ST. HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JEFFREY CARL BROWN 2725 OSCOTT ST HOLLYWOOD, FL 33021 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGARRY, PATRICIA A 3211 CLEVELAND ST HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TORRES, HECTOR 917 N 32ND AVE HOLLYWOOD, FL 33021 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Thomas P. McGarry</i>		5-5-04		954-963-2319	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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