FILED 2005 FOR PROFIT CORPORATION Apr 11, 2005 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P0100000037 1. Entity Name BYERS DISCOUNT AIR CONDITIONING, INC. Principal Place of Business Mailing Address 483 E. BUCKINGHAM DR. 483 E. BUCKINGHAM DR. LECANTO, FL 34461 LECANTO, FL 34461 03272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3688965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BYERS, JAMES M JR DO NOT WRITE 483 E. BUCKINGHAM DR. LECANTO, FL 34461 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Unn000297951 04/11/05-80047-022 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DΡ TITLE BYERS, JAMES M JR NAME 483 E. BUCKINGHAM DR. STREET ADDRESS CITY-ST-ZIP LECANTO, FL 34461 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STHEET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 cath; 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR