## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000066314

Entity Name: LEWIS AIR CONDITIONING, INC.

FILED Apr 17, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MPTON CT. D, FL 32773	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	MPTON CT. D, FL 32773	US			
FEI Number	: 59-3729662	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
2853 EMP	CYNTHIA CF IRE PL D, FL 32773	PA US	LEWIS, GEORGE W 106 N. HAMTPON CT. SANFORD, FL 32773		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: GEORGE W. LEWIS				04/17/2005	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DPT ( LEWIS, GEOF 106 N. HAMPT SANFORD, FL	ON CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS ( LEWIS, ANDR 106 N. HAMPT SANFORD, FL	ON CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( HUFFMAN, LA 106 N. HAMP SANFORD, FL	TON CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SELLERS, MI 106 N. HAMPT SANFORD, FL	ON CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X LEWIS, WESI 106 N. HAMPT SANFORD, FL	ON CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SELLERS, MA 106 N. HAMPT SANFORD, FL	ON CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: GEORGE W. LEWIS DPT 04/17/2005