


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000067020</b>		
1. Entity Name <b>NORTHWEST FLORIDA AIR-CONDITIONING SYSTEMS AND SERVICE, INC.</b>		
Principal Place of Business <b>401 N TARRAGONA ST PENSACOLA FL 32501</b>		Mailing Address <b>401 N TARRAGONA ST PENSACOLA FL 32501</b>



1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3729646</b>		Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country	Name		

6. Name and Address of Current Registered Agent <b>MILLER, JENNIFER C 401 N TARRAGONA ST PENSACOLA FL 32501</b>				7. Name and Address of New Registered Agent			
				Street Address (P. O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> Zip Code			

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 obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, ALLEN C			NAME			
STREET ADDRESS	401 N. TANNAGANA ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JENNIFER C			NAME			
STREET ADDRESS	401 N TARRAGONA ST			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/25/05 850 212-1792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #