


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90061 003 ***150.00

DOCUMENT # P01000072640	
1. Entity Name ISLAND AIR CONDITIONING AND REPAIR, INC.	

Principal Place of Business 1258 SW BILTMORE ST PORT SAINT LUCIE, FL 34983	Mailing Address 1258 SW BILTMORE ST PORT SAINT LUCIE, FL 34983
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2. Principal Place of Business - No P.O. Box # 1087 SW FENWAY RD Suite, Apt. #, etc.	3. Mailing Address 7548 US 1 #105 Suite, Apt. #, etc.
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City & State Port St. Lucie, FL Zip 34953 Country USA	City & State Port St. Lucie, FL Zip 34952 Country USA
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01242008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1125375	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POLO, CARMEN 2231 SW FRANKLIN STREET PORT ST. LUCIE, FL 34952	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <i>Carmen Polo</i> CARMEN GONZALEZ POLO 1/24/08 (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PECHLER, ROBERT J 1166 N.E. OCEAN VIEW CIRCLE JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPR</i> JUDY M. GONZALEZ 340 HOLLY AV PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, RAUL B 340 HOLLY AVENUE PORT ST LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>[Signature]</i> 1/24/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 772-785-5485 Daytime Phone #