2006 FOR PROFIT CORPORATION

Feb 03, 2006 8:00 am

FILED

ANNUAL REPORT					Secretary of State			
DOCUMENT # P01000095491					02-03-2006	•		
1. Entity Name A A TEMPERATURE SERVICES, INC								
Principal Plac	e of Business	Mailing Address			hage in the strict			
1726 STEADLEY AVE. POST OFFICE BOX 496204 PUNTA GORDA, FL 33950 PORT CHARLOTTE, FL 33								
2. Principal Place of Business 3. Mailing Address 24700 Sandhill Blud 24700 Sandh				Blvd				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272006	Chg-P	CR2E034	`	
Punta	Gorda FL	Pinta Gor		4. FEI Numb 65-114	-		Noi	plied For t Applicable
33983	3 Country	^{Zip} 33983	Country US A	5. Certificate	of Status Desired		8.75 Addi e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
GENTRY, JOSEPH ~ 3550 HIDDEN VALLEY CIR. PUNTA GORDA, FL 33982			Name					
			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City				Zip Code	
The above named entity submits this statement for the purpose of changing its registers						FL		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or re	egistered agent, or bo	th, in the State of Flo	orida. I am fam	niliar with, a	and accept
1								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signature	required when reinstating)	····	DATE		
FiL	Signature, typed or printed name of registered agent a E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	Financing	required when reinstating) \$5.00 May Be Added to Fees		DATE		
FiL	E NOW!!! FEE IS \$150.00	9. Election Campaigr Trust Fund Contrib	Financing	\$5.00 May Be Added to Fees	CHANGES TO OFF		RECTORS	S IN 11
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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.

CITY-ST-ZIP

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

CITY-ST-ZIP