
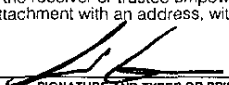


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90230 040 ***150.00

| | | | | | |
|---|---------------------------------|------------------------------------|---|---|--|
| DOCUMENT # P01000106364 1. Entity Name STEVE GORSKI REFRIGERATION AND AIR CONDITIONING, INC. | | | |  | |
| Principal Place of Business 2300 BEE RIDGE RD, SUITE 301 SARASOTA, FL 34239 | | | Mailing Address 2300 BEE RIDGE RD, SUITE 301 SARASOTA, FL 34239 | | |
| 2. Principal Place of Business 3737 South Tuttle Ave Suite, Apt. #, etc. | | | 3. Mailing Address 3737 South Tuttle Ave Suite, Apt. #, etc. | | |
| City & State Sarasota FL | | City & State Sarasota FL | | 4. FEI Number 65-1061975 | |
| Zip 34239 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAROL LYNN MONVILLE, C.P.A. 2300 BEE RIDGE RD, SUITE 301 SARASOTA, FL 34239 | | | | 7. Name and Address of New Registered Agent Name Carol Lynn Monville, CPA Street Address (P.O. Box Number is Not Acceptable) 3737 South Tuttle Ave City Sarasota FL Zip Code 34239 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME GORQUEI, STEVE STREET ADDRESS 2800 BEE RIDGE RD # 304 CITY-ST-ZIP SARASOTA, FL 34233 | <input type="checkbox"/> Delete | | TITLE Gorski, Steve NAME 3737 South Tuttle Ave STREET ADDRESS Sarasota, FL 34239 CITY-ST-ZIP | <input checked="" 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 | |
| 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 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 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:  | | | 4/28/04 841-924-1040 Date Daytime Phone # | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |