2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM **DOCUMENT # P01000107008 Secretary of State** 1. Entity Name V.A.C. REFRIGERATION & AIR CONDITIONING, INC. Principal Place of Business Mailing Address 1238 SW FOUNTAIN AVE. PORT ST. LUCIE FL 34953 1238 SW FOUNTAIN AVE. PORT ST. LUCIE FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apr. #, etc CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-1154413 Not Applicable \$8.75 Additional Country Zιρ Country Zιρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CERBASI, VINCENT A JR. Street Address (P.O. Box Number is Not Acceptable) 1238 SW FOUNTAIN AVE PORT ST. LUCIE FL 34953 City 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 red agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition PTD Delete TIBLE TITLE NAME CERBASI, VINCENT A JR. MAME U00000018734 STREET ADDRESS 1238 SW FOUNTAIN AVE. STREET ADDRESS 01/28/04-80147-003 150.00 PORT ST. LUCIE FL 34953 CETY - ST - ZEP CITY-ST-73P Change VD Delete STEE Addition TITLE MAME NAME CERBASI, ANNA M STREET ADDRESS 1238 SW FOUNTAIN AVE. STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34953 CITY ST-ZIP HILE ☐ Change Addition Delete THILE MAME NAME RUCH, WILLIAM E STREET ADDRESS STREET ADDRESS 35 FLAMENCO WAY CITY-\$7-ZIP PORT ST. LUCIE FL 34952 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-SI-ZIP Addition THE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CRY-ST-ZIP Addition Delete TRILE Change TIBE MAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 propowered.

FILED