

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116507

FILED  
Feb 08, 2006  
Secretary of State

Entity Name: ALL AMERICAN AIR CONDITIONING OF BAY COUNTY, INC.

## Current Principal Place of Business:

537 NE AVE.  
PANAMA CITY, FL 32401

## New Principal Place of Business:

537 N EAST AVE  
PANAMA CITY, FL 32401

## Current Mailing Address:

537 NE AVE.  
PANAMA CITY, FL 32401

## New Mailing Address:

537 N EAST AVE  
PANAMA CITY, FL 32401

FEI Number: 59-3760701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOHAMMAD, HAJJAT A  
200 LAKERIDGE DR.  
PANAMA CITY, FL 32405 US

## Name and Address of New Registered Agent:

MOHAMMAD, HOJJAT A  
200 LAKERIDGE DR.  
PANAMA CITY, FL 32405 US

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.

SIGNATURE: HOJJAT A MOHAMMAD

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MOHAMMAD, HAJJAT A  
Address: 200 LAKERIDGE DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: HOLLEY, JAMES T JR  
Address: 1012 KIMBERLY LN.  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MOHAMMAD, HOJJAT A  
Address: 200 LAKERIDGE DR  
City-St-Zip: PANAMA CITY, FL 32405

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOJJAT A MOHAMMAD

D

02/08/2006

Electronic Signature of Signing Officer or Director

Date