


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000038869 1. Entity Name ACCURATE A/C INC. HEATING AND AIR CONDITIONING	
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Principal Place of Business 2145 PORTSMOUTH CIRCLE TALLAHASSEE, FL 32311	Mailing Address 2145 PORTSMOUTH CIRCLE TALLAHASSEE, FL 32311
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04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2367286	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 LETCHWORTH, LANCE G 2145 PORTSMOUTH CIRCLE TALLAHASSEE, FL 32311
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LETCHWORTH, LANCE G 2145 PORTSMOUTH CIRCLE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCKENZIE, JAMES R 1837 COTTAGE GROVE RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LETCHWORTH, KIM M 2145 PORTSMOUTH CIRCLE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/05-80103-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 empowered

SIGNATURE: Lance Gary Letchworth 4-29-05 (850) 942-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LANCE GARY LETCHWORTH