

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000045196

1. Entity Name

ISLAND AIR CONDITIONING OF COLLIER COUNTY, INC.



Principal Place of Business

**1106 BREAKWATER COURT
MARCO ISLAND, FL 34145**

Mailing Address

**1106 BREAKWATER COURT
MARCO ISLAND, FL 34145**

DO NOT WRITE IN THIS SPACE



05182005

No Chg-P

CR2E034 (10/03)

4. FEI Number

81-0548281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURNS, JAMES E SR
1106 BREAK WATER COURT
MARCO ISLAND, FL 34145**

**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

**U000000368015
05/23/05-80010-009 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURNS, JAMES E SR
STREET ADDRESS	1106 BREAKWATER COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	S
NAME	BURNS, MELANIE A
STREET ADDRESS	1106 BREAKWATER COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	T
NAME	BURNS, JAMES P
STREET ADDRESS	1106 BREAKWATER COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-6-05 239-394-8202