


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000048289</b> 1. Entity Name CLIMATE SYSTEMS COOLING AND HEATING, INC.	
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Principal Place of Business 419 NORTH PALM WAY LAKE WORTH, FL 33460	Mailing Address 419 NORTH PALM WAY LAKE WORTH, FL 33460
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**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0685230	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
CURRAN, JOHN C ESQ.  
2200 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCALA, YICSI 419 NORTH PALM WAY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIERRA, MARTIZA 419 NORTH PALM WAY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURRAN, JAMES B 419 NORTH PALM WAY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WUESTMAN, JACQUELINE M 2558 SW 12TH STREET BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000341969  
04/29/05-80037-010 150.00

**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 (561) 7233077  
Date Daytime Phone #