

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052952

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: ADAMS AIR CONDITIONING OF LEE COUNTY, INC.

**Current Principal Place of Business:**

4720 SW 25 PL  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

4720 SW 25 PL  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 27-0012886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITACRE, THURMAN L II  
4720 SW 25 PLACE  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THURMAN, WHITTACRE II  
Address: 4720 SW 25 PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: V ( ) Delete  
Name: GAINES, JAY P  
Address: 161 SE 4 TERR.  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 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: THURMAN L WHITACRE II

P

03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date