## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P02000070625** 01-27-2005 90056 034 \*\*\*150.00 AIR CONDITIONING SERVICES, INC. Principal Place of Business Mailing Address 3180 OLDE SUTTON PARKE DR PO BOX 440043 50007417 JACKSONVILLE, FL 32222 ORANGE PARK, FL 32073 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 03-0466168 Not Applicable Zip Country Country \$8.75 Additional 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CICERO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 8180 OLDE SUTTON PARKE DRIVE ORANGE PARK, FL 32073 1000万万万万 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed game of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee, will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 F OFFICERS AND DIRECTORS 10. 11. mìle 🚉 Delete TITLE RICERO, RICHARD CICERO, RICHARD NAME " NAME 3180 OLDE SUTTON PARKE DR. 8180 OLDE SUTTON PARKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK, FL 32073** CITY-ST-ZIP Delete TITLE Z 5 2 2 ALLEN, DAVID LEE NAME NAME 6185 LITTLE LAKE GENEVA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP Change ☐ Defete TITLE TITLE CICERO, RICHARD NAME NAME 3180 OLDE SUTTON PACKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL. 32023 CITY-ST-ZIP ☐ Defete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-7/P CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, it changed, or on an attachment with an address, with all

FILED

Jan 27, 2005 8:00 am