

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90026 016 ***150.00

DOCUMENT # P02000131861

1. Entity Name
AMERICAN SERVICE AIR CONDITIONING, INC.



Principal Place of Business
**114 LAKE EMERALD DR
OAKLAND PARK, FL 33309 US**

Mailing Address
**114 LAKE EMERALD DR
OAKLAND PARK, FL 33309 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **#208**

Suite, Apt. #, etc. **#208**

City & State

City & State

Zip

Country

Zip

Country

02162004

Chg-P

CR2E034 (10/03)

4. FEI Number
56-2307852

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTANA, MARIO F
2601 CAYENNE AVE
COOPER CITY, FL 33026**

7. Name and Address of New Registered Agent

Name **NYSTROM, DONALD**
Street Address (P.O. Box Number is Not Acceptable) **114 LAKE EMERALD DRIVE #208**
City **Oakland Park** FL Zip Code **33309**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **SANTANA, MARIO**
STREET ADDRESS **114 LAKE EMERALD DR**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE **V** ☐ Delete
NAME **NYSTROM, DONALD**
STREET ADDRESS **114 LAKE EMERALD DR**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **NYSTROM, DONALD**
STREET ADDRESS **114 LAKE EMERALD DR. #208**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 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

2/16/04

Date

Daytime Phone #