

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
FRED'S AIR CONDITIONING, INC.

Principal Place of Business
**4111 BEE RIDGE RD.
 #117
 SARASOTA, FL 34233**

Mailing Address
**4411 BEE RIDGE RD.
 #117
 SARASOTA, FL 34233**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **55-0814416** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAZEN, FRED M
 4112 MINK RD.
 SARASOTA, FL 34235**

**DO NOT WRITE
 IN THIS SPACE**

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 restate(s))

DATE

**FILE NOW!!! FEE IS \$150.00
 AFTER May 1, 2006 Fee will be \$350.00**

8. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

000000397505
 01/30/06-80053-001 150.00

OFFICERS AND DIRECTORS

TITLE	PVST
NAME	HAZEN, FRED M
STREET ADDRESS	4411 BEE RIDGE RD, #117
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Fred M Hazen* **Fred M. HAZEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

Date **1/14/06** Daytime Phone # **941-351-8094**