2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		NNUAL E	REPORT (AR	FILED					
DOCUMENT # P03000023107 1. Entity Name ,						Feb 20, 2004 08:00 AM Secretary of State			
ACCURATE AIR CONDITIONING, HEATING, AND REFRIGERATION, INC.							illi y	or State	
Principal Place of Business			Mailing Address						
2880 SO. ATLANTIC AVE. APT. 103			2880 SO. ATLANTIC AVE. APT, 103						
COCOA BE/	ACH FL 329	931 	COCOA BEACH FL 32931						
2. Principal P Suite, Apt.	·	ess	3. Mailing Address Suite. Apt #, etc.			F IMMILIANE LEE MAINE CEES RASSE AN	CTR WINSER WINDING THE	MM 111M1 11M16 MA\$41 3.01	
City & State			City & State			MOORE 4. FEI Number		4 (11/03)	oplied For
Zip Country			Zip Country		37-146462		\$8.75 Add	ot Applicable	
·						5. Certificate of Status Desired		Fee Require	d
	6. Name	and Address of Curre	nt Registered Agent	······	Name	7. Name and Address of New	Registered	Agent	<u> </u>
STOLL, MICHAEL R 2880 SO. ATLANTIC AVE. APT. 103					Street Address	(P.O. Box Number is Not Acceptal	ole)		
COCOA BEACH FL 32931					City.			Zip Cod	
			<u></u>		City		F	<u> </u>	
	named entit tions of regis		t for the purpose of changing its	register	ed office or regist	ered agent, or both, in the State of	flonda. Lar	n familiar with,	and accept
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
		!! FEE IS \$150.00 04 Fee will be \$550.0	0			9. Election Campaign I	-		00 May Be
		o Florida Department				Trust Fund Contribu	iOi i.	□ Added	d to Fees
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AN	ND DIRECTORS	. 11.		ADDITIONS/CHANGES TO O	FICERS AN		
TITLE			TITLI NAM	1			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	2880 SO.	ATLANTIC AVE. APT. EACH FL 32931	. 103	STREET ADDRESS CITY - ST - ZIP		000000 -02/23/04	060156 30028-(019 150.	00
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NAME				NAM	et address				
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CITY-ST-ZIP			Delete	TITL	-ST-ZIP			☐ Change	☐ Addition
NAME				NAM	E			_ •	
STREET ADDRESS CITY-ST-ZIP				•	ET ADDRESS -ST-ZIP				<u></u>
TITLE NAME]		☐ Delete	TITL! Nam				☐ Change	Addition
STREET ADDRESS				•	ET ADDRESS				
CITY-ST-ZIP			·	CITY	-ST-ZIP				
TITLE	1		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS				
CITY-ST-ZIP	f				-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 attachagent with an address with all phenyice empowered.									
SIGNATURE: MIN WHO WE MICHAEL R. STOLL 2/17/64 321-698-8610 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Displace Printed Proces #									
SIGNAL	UNE.()	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR	Date		Daylime Phone #	