2005 FOR PROFIT CORPORATION ANNUAL REPERT (AR)

SIGNATURE:

## Mar 21, 2005 8:00 am **Secretary of State** DOCUMENT # P03000029793 1. Entity Name 03-21-2005 90104 003 \*\*\*158.75 TARGET AIR CONDITIONING & REFRIGERATION "CORP" Principal Place of Business Mailing Address 6500 LA GORCE LANE LAKEWORTH FL 33463 6500 LA GORCE LANE LAKEWORTH FL 33463 2. Principal Place of Business 3. Mailing Address 3325 GRIFFIN 3325 GRIFFIN RO. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) STE # 218 City & State City & State Applied For 4. FEI Number 33-1056364 LAUD LAUD Not Applicable SROWARD COUNTRY BROWARD \$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 KOBERT えしにり RUCCO, ROBERT M 6500 LA GORCE LANE LAKEWORTH FL 33463 CITY FT. LAUD 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. SIGNATUR FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Defete TITLE ROBERT RUCCO 33 25 GRIPPIN RO # 218 PTLAUD. FL 33312 RUCCO, ROBERT M NAME 6500 LA GORCE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKEWORTH FL 33463 ROBETH M RUCCO ☐ Delete TITLE Change TITLE RUCCO, ROBERT M NAME 3325 GRIFFIN RD 6500 LA GORCE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKEWORTH FL 33463 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete HILE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TOTAL ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

Daytrne Phone #