

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000058263

1. Entity Name
ALL WEATHER AIR CONDITIONING & REFRIGERATION, INC.



Principal Place of Business
**1620 BAHAMA DR
KEY WEST, FL 33040**

Mailing Address
**1620 BAHAMA DR
KEY WEST, FL 33040**



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1169663

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GIBBONS, MIKE
1620 BAHAMA DR
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIBBONS, MIKE 1620 BAHAMA DR KEY WEST, FL 33040
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IN THIS SPACE**

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02/03/05-80030-016 150.00

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: *Michael K. Gibbons* **MICHAEL K. GIBBONS** **1/22/05 305 293 3588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #