## **2008 FOR PROFIT CORPORATION**

## ANNUAL REPORT **DOCUMENT # P03000058263** ALL WEATHER AIR CONDITIONING & REFRIGERATION,

**FILED** Feb 25, 2008 08:00 A Secretary of State

Principal Place of Business

INC.

1620 BAHAMA DR KEY WEST, FL 33040 Mailing Address

1620 BAHAMA DR KEY WEST, FL 33040



DO NOT WRITE IN THIS SPACE

02172008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1169663 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Reculred

305 360 0842

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

GIBBONS, MIKE 1620 BAHAMA DR KEY WEST, FL 33040

## DO NOT WRITE IN THIS SPACE

the above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am lamiliar 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							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered  9. Election Campaign Finance  Trust Fund Contribution.				\$5.00 May Be Added to Fees	DATE		
10.	OFFICERS AND DIREC	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, MIKE 1620 BAHAMA DR KEY WEST, FL 33040			U00000839195			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/05/08-80061-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. 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							