


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90057 004 \*\*\*158.75

<b>DOCUMENT # P03000078815</b>	
1. Entity Name <b>DON CLINE AIR CONDITIONING SERVICES, INC.</b>	

Principal Place of Business <b>2180 NORTHEAST 67TH STREET, SUITE #72 FORT LAUDERDALE FL 33308</b>	Mailing Address <b>2180 NORTHEAST 67TH STREET, SUITE #72 FORT LAUDERDALE FL 33308</b>
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2. Principal Place of Business <b>2180 NORTHEAST 67TH STREET</b> Suite, Apt. #, etc. <b>729</b>	3. Mailing Address <b>2180 N.E. 67TH STREET</b> Suite, Apt. #, etc. <b>729</b>
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City & State <b>FORT LAUDERDALE</b>	City & State
Zip <b>33308</b>	Country <b>BROWARD</b>
Zip <b>33308</b>	Country <b>BROWARD</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145</b>	
7. Name and Address of New Registered Agent Name <b>DON CLINE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2180 NE 67 STREET</b> <b># 729</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33308</b>	

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 <b>DON E. CLINE</b> Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)		DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CLINE, DON E 2180 NORTHEAST 67TH STREET, SUITE #729 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: <b>DON E. CLINE</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>2/25/2004</b> Daytime Phone # <b>954 2926492</b>
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