


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000096888 1. Entity Name BILL'S AIR CONDITIONING, INC.																							
Principal Place of Business P O BOX 848374 PEMBROKE PINES FL 33084			Mailing Address P O BOX 848374 PEMBROKE PINES FL 33084																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																				
City & State			City & State																				
Zip		Country		Zip																			
Country		Country		4. FEI Number 51-0483627 Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ZIPKIN, SHELDON ESQ 2020 NE 163RD ST, 3RD FLOOR NORTH MIAMI BEACH FL 33162																			
7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VIVIEROS, BILL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>P O BOX 848374 PEMBROKE PINES FL 33084</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	VIVIEROS, BILL		CITY - ST - ZIP	P O BOX 848374 PEMBROKE PINES FL 33084		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000326558</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>04/25/05-80001-024 150.00</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U000000326558		CITY - ST - ZIP	04/25/05-80001-024 150.00	
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.20.05 954 961401