

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000099765

**FILED  
May 31, 2005  
Secretary of State**

**Entity Name:** SPECTRUM AIR CONDITIONING & REFRIGERATION, INC.

**Current Principal Place of Business:**

8279 PENNY DRIVE  
N. FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1665  
FT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 83-0373842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PAYNE, STACEY E  
8279 PENNY DRIVE  
N. FT. MYERS, FL 33917      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PAYNE, STACEY E  
Address: 8279 PENNY DRIVE  
City-St-Zip: N. FT. MYERS, FL 33917

Title: ST ( ) Delete  
Name: JACOBS, MICHAEL  
Address: 8279 PENNY DRIVE  
City-St-Zip: N. FT. MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: JACOBS, MICHAEL  
Address: 412 SW 39 TH TER  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY E PAYNE

PD

05/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date