

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90012 044 \*\*\*163.75

DOCUMENT # P03000102080			
1. Entity Name <b>ATLANTIC COAST AIR CONDITIONING, INC.</b>			
Principal Place of Business <b>4864 NW 58 TERRACE CORAL SPRINGS, FL 33067</b>		Mailing Address <b>4864 NW 58 TERRACE CORAL SPRINGS, FL 33067</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		<i>Atlantic Coast Air Con. Inc.</i> <i>P.O. Box 67-0614</i>	
City & State		<i>Coral Springs, FL</i>	
Zip	Country	Zip	Country
<i>33067</i>	<i>FL</i>	<i>33067</i>	<i>FL</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MONK, MARK</b> <b>4864 NW 58 TERRACE</b> <b>CORAL SPRINGS, FL 33067</b>		Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. <i>Director</i> OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>MARK P. MONK</b> <input type="checkbox"/> Delete NAME <b>4864 N.W. 58 Terrace</b> STREET ADDRESS <b>Coral Springs, FL 33067</b> CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Mark P. Monk</i> <b>MARK P. MONK Director</b> <i>9-20-04</i> <i>954-5958311</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

**54073657**



09092004 Chg-P CR2E034 (10/03)

4. FEI Number **51-0483413** Applied For  
Not Applicable

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

Attachment  
574073657



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 9, 2004

ATLANTIC COAST AIR CONDITIONING, INC.  
P.O. BOX 67-0614  
CORAL SPRINGS, FL 33067

SUBJECT: ATLANTIC COAST AIR CONDITIONING, INC.  
Ref. Number: P03000102080

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 004A00054054