06 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000121306

ARCO AIR-CONDITIONING INCORPORATED.

FILED
Jan 23, 2006 08:00 AM
Secretary of State

Principal Place of Business
734 LITTLE JOHN RD
TALLAHASSEE FL 32310

Mailing Address
734 LITTLE JOHN RD
TALLAHASSEE FL 32310

1st MOORE CR2E034 (10/05)

2. Principal Place of Business: 734 Little John Rd
Suite, Apt. #, etc.
City & State: TALLAHASSEE FL
Zip: 32310 Country: U.S.A

3. Mailing Address: 734 Little John Rd
Suite, Apt. #, etc.
City & State: TALLAHASSEE FL
Zip: 32310 Country: U.S.A

4. FEI Number 85-0374237 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, JIMMY L
734 LITTLE JOHN RD
TALLAHASSEE FL 32310

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, JIMMY L 734 LITTLE JOHN RD TALLAHASSEE FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000395220 01/26/06-80041-010 150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jimmy Johnson 1-18-06 (850) 228-31
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #