

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000127726

1. Entity Name
JUST SERVICE AIR CONDITIONING INC.



Principal Place of Business
**1501 SE WESTMORELAND BLVD.
PORT ST. LUCIE, FL 34952**

Mailing Address
**1501 SE WESTMORELAND BLVD.
PORT ST. LUCIE, FL 34952**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0422917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHANSEN, RONALD
1501 SE WESTMORELAND BLVD.
PORT ST. LUCIE, FL 34952**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHANSEN, RONALD
1501 SE WESTMORELAND BLVD.
PORT ST. LUCIE, FL 34952**

TITLE
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CITY-ST-ZIP

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03/07/05-80058-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-405

Date

772 3374187

Daytime Phone #