

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000133161

1. Entity Name
ALLIANCE AIR CONDITIONING INC.



Principal Place of Business
322 ECHO CIRCLE
FT. WALTON BEACH, FL 32548

Mailing Address

322 ECHO CIRCLE
FT. WALTON BEACH, FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

WALDEN, ANDREW L JR.
322 ECHO CIRCLE
FT. WALTON BEACH, FL 32548

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

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, 2004 Fee will be \$550.00**

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: PSTD
NAME: WALDEN, ANDREW L JR.
STREET ADDRESS: 322 ECHO CIRCLE
CITY-ST-ZIP: FT. WALTON BEACH, FL 32548

Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Change Addition

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

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Change Addition

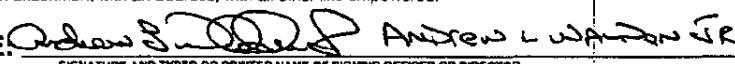
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CITY-ST-ZIP:

Delete

TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:

Change 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:  Andrew L. Walden, Jr. 25/04 350 363-9098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-09-2004 90062 001 ***150.00

66402651



01232004 Chg-P CR2E034 (10/03)