



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2005 8:00 am
Secretary of State

04-28-2005 90208 026 ***150.00

DOCUMENT # P04000007976 1. Entity Name ELGIN A/C & REFRIGERATION SERVICE INC.					
Principal Place of Business 3359 GOLDENHILLS STREET DELTONA, FL 32738			Mailing Address 3359 GOLDENHILLS STREET DELTONA, FL 32738		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 51-0494843
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ELGIN, R. DALE 3359 GOLDENHILLS STREET DELTONA, FL 32738			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DP ELGIN, R. DALE 3359 GOLDENHILLS STREET DELTONA, FL 32738 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another title empowered.					
SIGNATURE: 			Date 4-25-05 Daytime Phone #		

66018654



04022005 Chg-P CR2E034 (10/03)