

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90303 035 ***150.00

DOCUMENT # P04000011595 1. Entity Name A/C CLIMATE CONTROL INC.					
Principal Place of Business 2999 GAGSTATER AVE SE PALM BAY, FL 32909			Mailing Address 2999 GAGSTATER AVE SE PALM BAY, FL 32909		
2. Principal Place of Business 2999 Gagstater Ave SE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2999 Gagstater Ave SE <small>Suite, Apt. #, etc.</small>			
City & State Palm Bay, FL <small>Zip</small> 32909 <small>Country</small> US		City & State Palm Bay, FL <small>Zip</small> 32909 <small>Country</small> US		4. FEI Number 731692398	
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 MILLER, JAMES A 2999 GAGSTATER AVE SE PALM BAY, FL 32909			7. Name and Address of New Registered Agent Name James A. Miller Street Address (P.O. Box Number is Not Acceptable) 2999 Gagstater Ave SE. City Palm Bay FL <small>Zip Code</small> 32909		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	PVS MILLER, JAMES A 2999 GAGSTATER AVE SE PALM BAY, FL 32909		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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: James Miller / James Miller 2-18-05 (320) 725-6063 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					