

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90191 026 ***150.00

DOCUMENT # P04000011595 1. Entity Name A/C CLIMATE CONTROL INC.			
Principal Place of Business 2999 GAGSTATER AVE SE PALM BAY, FL 32909 US		Mailing Address 2999 GAGSTATER AVE SE PALM BAY, FL 32909 US	
2. Principal Place of Business - No P.O. Box # 4650 Lipscomb st. Suite, Apt. #, etc. suite #10 City & State Palm Bay FL. Zip 32905 Country Brevard		3. Mailing Address 4650 Lipscomb st. Suite, Apt. #, etc. suite #10 City & State Palm Bay, FL. Zip 32905 Country Brevard	
4. FEI Number 73-1692398		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04162007 Chg-P CR2E034 (12/06)	
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 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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	<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 exemptions contained in Chapter 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: James Miller, James Miller <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-14-07 (321) 794-5757 <small>Date Daytime Phone #</small>	