


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90105 040 \*\*\*150.00

<b>DOCUMENT # P04000014256</b>	
1. Entity Name <b>KEN HARPER AIR CONDITIONING, INC.</b>	

Principal Place of Business <b>8780 DAVIS ROAD LAUREL HILL FL 32567</b>	Mailing Address <b>8780 DAVIS ROAD LAUREL HILL FL 32567</b>
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**20034411**



1st MOORE CR2E034 (10/04)

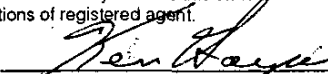
2. Principal Place of Business <b>3435 HELMS FARM RD</b>	3. Mailing Address <b>3435 HELMS FARM RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LAUREL HILL, FL</b>	City & State <b>LAUREL HILL, FL</b>
Zip <b>32567</b>	Zip <b>32567</b>
Country <b>OKALOOSA</b>	Country <b>OKALOOSA</b>

4. FEI Number <b>20-0642030</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HARPER, KEN 8780 DAVIS ROAD LAUREL HILL FL 32567</b>	
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7. Name and Address of New Registered Agent	
Name <b>KEN HARPER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3435 HELMS FARM RD</b>	
City <b>LAUREL HILL</b>	FL Zip Code <b>32567</b>

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  <b>KEN HARPER</b>	DATE <b>04-10-05</b>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HARPER, KEN 8780 DAVIS ROAD LAUREL HILL FL 32567 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARPER, BENJAMIN C 8780 DAVIS ROAD LAUREL HILL FL 32567 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARPER, JAMES WILLIAM 8780 DAVIS ROAD LAUREL HILL FL 32567 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KEN HARPER 3435 HELMS FARM RD LAUREL HILL, FL 32567 <input checked="" 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	V JAMES WILLIAM HARPER 3435 HELMS FARM RD LAUREL HILL, FL 32567 <input checked="" 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:  <b>KEN HARPER</b>	DATE <b>04-10-05</b>	DAYTIME PHONE # <b>950-652-7495</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		