

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028921

FILED
Apr 13, 2007
Secretary of State

Entity Name: RICK'S AIR CONDITIONING, INC.

Current Principal Place of Business:

6731 N. ARMENIA AVE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

4922 WISHART BV
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 14-1902817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGILL, JULIE
4922 WISHART BLVD
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGILL, JULIE
Address: 4922 WISHART BLVD
City-St-Zip: TAMPA, FL 33603 US

Title: T () Delete
Name: MAGILL, GLEN
Address: 163 42ND AVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: S () Delete
Name: GUERRERO, JAMIE
Address: 16825 TAYLOW WAY
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: MAGILL, RICHARD T JR
Address: 4922 WISHART BV
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GONZALEZ, EDUARDO
Address: 8007 SHARON DR.
City-St-Zip: TAMPA, FL 33617

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE MAGILL

P

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date