



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90003 038 \*\*\*150.00

<b>DOCUMENT # P04000032520</b> 1. Entity Name <b>SOLANO'S AIR CONDITIONING &amp; HEATING &amp; REFRIGERATION, INC.</b>					
Principal Place of Business <del>435 S. RIDGEWOOD AVE., #210</del> <del>DAYTONA BEACH, FL 32114</del>			Mailing Address <del>435 S. RIDGEWOOD AVE., #210</del> <del>DAYTONA BEACH, FL 32114</del>		
<i>Change</i>					
2. Principal Place of Business <b>40 Woodworth Dr.</b>		3. Mailing Address <b>40 Woodworth Dr.</b>		05112005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>05-1216630</b>	
City & State <b>Palm Coast</b>		City & State <b>Palm Coast</b>		Applied For Not Applicable	
Zip <b>32164</b>		Country <b>us</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CALDERIN, ROLANDO</b> <b>40 WOODWORTH DR.</b> <b>PALM COAST, FL 32164</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CALDERIN, ROLANDO</b> <b>40 WOODWORTH DR.</b> <b>PALM COAST, FL 32164</b>		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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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	
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 employees.					
<b>SIGNATURE:</b> <i>Rolando Calderin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			05-25-01 (904) 309-0454 <small>Date    Daytime Phone #</small>		