

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P04000035810

1. Entity Name

BAY AREA COOLING SOLUTIONS INC.



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90321 006 ***150.00

Principal Place of Business

402 WARREN ROAD
LUTZ FL 33548
US

Mailing Address

402 WARREN ROAD
LUTZ FL 33548
US

2. Principal Place of Business

* **NO CHANGES**

3. Mailing Address

NO CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0597103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAULK, BETHANY J
402 WARREN ROAD
LUTZ FL 33548

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. **\$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

P
PAULK, BETHANY J
402 WARREN ROAD
LUTZ FL 33548

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
PAULK, RUSSELL J
402 WARREN ROAD
LUTZ FL 33548

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Change

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:

Amelia G. Paulk *Russell J. Paulk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

Daytime Phone #