

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90081 004 \*\*\*158.75

<b>DOCUMENT # P04000042625</b> 1. Entity Name <b>AIR COMFORT AIR CONDITIONING, INC.</b>					
Principal Place of Business <b>1207 AUSTRALIAN AVE FT PIERCE, FL 34982</b>			Mailing Address <b>1207 AUSTRALIAN AVE FT PIERCE, FL 34982</b>		
2. Principal Place of Business <b>4220 ROSE LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4220 ROSE LANE</b> Suite, Apt. #, etc.			
City & State <b>FT. PIERCE, FL.</b>		City & State <b>FT. PIERCE, FL.</b>		4. FEI Number <b>54-2454262</b>	
Zip <b>34982</b>		Country <b>U.S.</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>PETERS, PAUL J 1207 AUSTRALIAN AVE FT PIERCE, FL 34982</b>			7. Name and Address of New Registered Agent Name <b>RONALD PETER'S</b> Street Address (P.O. Box Number is Not Acceptable) <b>4220 ROSE LANE</b> City <b>FT. PIERCE, FL</b> Zip Code <b>34982</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>Ronald Peters</b> DATE <b>4-13-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PETERS, PAUL J 1207 AUSTRALIAN AVE FT PIERCE, FL 34982		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PETERS, RONALD 4220 ROSE LANE FT PIERCE, FL 34982		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST RONALD PETERS 4220 ROSE LANE FT. PIERCE, FL. 34982 <input checked="" 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	V RANDY RETHERFORD 802 GRANDVIEW Blvd. FT. PIERCE, FL. 34982 <input type="checkbox"/> Change <input checked="" 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 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: <b>Ronald Peters</b> <b>Ronald Peters</b> <b>4-13-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					