

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2005 8:00 am
Secretary of State

05-02-2005 90409 023 ***150.00

DOCUMENT # P04000058264 1. Entity Name WHITE'S AIR CONDITIONING, INC.					
Principal Place of Business 18650 SR 20 W BLOUNTSTOWN, FL 32424 US			Mailing Address 18650 SR 20 W BLOUNTSTOWN, FL 32424 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1457525	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITE, GEORGE B 18650 SR 20 W BLOUNTSTOWN, FL 32424			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 WHITE, GEORGE B 18650 SR 20 W BLOUNTSTOWN, FL 32424	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WHITE, MATTHEW L 20252 NW CR 275 ALTHA, FL 32421	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DAVIS, CHARLES 11504 NW NEW LANDING RD. ALTHA, FL 32421	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <u>George B. White - President</u> 4/29/05 850-674-8538 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

66018547



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