

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074929

FILED
Jul 21, 2008
Secretary of State

Entity Name: A-ARCTIC AIR CONDITIONING SYSTEMS OF FL, INC.

Current Principal Place of Business:

491 NE 28TH STREET
POMPAN0 BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

491 NE 28TH STREET
POMPAN0 BEACH, FL 33064 US

New Mailing Address:

FEI Number: 20-1183784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINCENT, MICHAEL C
491 N.E. 28TH ST.
POMPAN0 BEACH, FL 33064 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: VINCENT, MICHAEL C
Address: 425 NW 12TH AVENUE
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP () Delete
Name: VINCENT, STEPHANIE
Address: 425 N.W. 12TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: T (X) Delete
Name: VINCENT, GABRIEL R
Address: 425 N.W. 12TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: T (X) Delete
Name: VINCENT, TODD
Address: 425 N.W. 12TH AVE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: VINCENT, MICHAEL C
Address: 425 NW 12TH AVENUE
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP/T (X) Change () Addition
Name: VINCENT, STEPHANIE
Address: 425 N.W. 12TH AVE
City-St-Zip: BOCA RATON, FL 33486

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANIE VINCENT

VP

07/21/2008

Electronic Signature of Signing Officer or Director

_____ Date