2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am Secretary of State DOCUMENT # P04000125957 1. Entity Name 02-09-2005 90044 005 ***150.00 AMERICOOL AIR CONDITIONING & HEATING INC Principal Place of Business Mailing Address 4052 BRECKLAND COURT. 4052 BRECKLAND COURT 20012237 SPRING HILL FL 34609 SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORÉ CR2E034 (10/04) 4. FEI Number 52-2398584 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANTY, CHARLES Street Address (P.O. Box Number is Not Acceptable) 4052 BRECKLAND COURT SPRING HILL FL 34609 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME CANTY, CHARLES NAME STREET ADDRESS 4052 BRECKLAND COURT STREET ADDRESS SPRING HILL FL 34609 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CANTY, DEBRA NAME STREET ADDRESS 4052 BRECKLAND COURT STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP TITLE Delete TITLE ☐ Change - ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ---CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change __ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2005

466-4097

Daytene Phone #

FILED