

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000126068**

1. Entity Name

CLIMATIZED DEVELOPMENT SAN JOSE, INC.



Principal Place of Business

1610 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034

Mailing Address

1610 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1655393

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MILLER, DAVID F JR.  
1610 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MILLER, DAVID F JR.  
STREET ADDRESS 1610 SOUTH 8TH STREET  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE VD  
NAME MILLER, DAVID F SR.  
STREET ADDRESS 1610 SOUTH 8TH STREET  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE VTD  
NAME BEAVERS, RICHARD  
STREET ADDRESS 1610 SOUTH 8TH STREET  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000452555  
03/13/06-80003-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06

Date

94-277-6727

Daytime Phone #