


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04069</b>	
1. Entity Name <b>TRITECH AIR CONDITIONING SERVICE, INC.</b>	

Principal Place of Business <b>3162 GATEWAY LANE CANTONMENT, FL 32533 US</b>	Mailing Address <b>P.O. BOX 67 GONZALEZ, FL 32560 US</b>
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02032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2457872</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>THOMPSON, WILLIAM D 5886 SHIMMERING PINE RD. PACE, FL 32571</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<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</b> May Be Added to Fees	DATE <b>02/20/06-80048-005 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMPSON, WILLIAM D. 5886 SHIMMERING PINE RD. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD THOMPSON, PAMELA S. 5886 SHIMMERING PINE RD. PACE, FL 32571
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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:** William D. Thompson William D. Thompson/President 2/2/06 (850) 484-4819  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #