
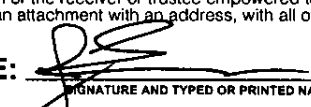


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90197 025 \*\*\*150.00

<b>DOCUMENT # P05000047608</b> 1. Entity Name <b>JTL AIR CONDITIONING &amp; REFRIGERATION, INC.</b>					
Principal Place of Business <b>5060 SW 10TH STREET PLANTATION, FL 33317</b>			Mailing Address <b>5060 SW 10TH STREET PLANTATION, FL 33317</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b> <b>ADAMS, NATALIE M</b> <b>1333 NW 87 AVE</b> <b>CORAL SPRINGS, FL 33071</b>					
<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD <input type="checkbox"/> Delete LANE, JEFF T STREET ADDRESS 5060 SW 10TH STREET CITY-ST-ZIP PLANTATION, FL 33317				
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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.					
<b>SIGNATURE:</b>  <b>Jeff T. Lane</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40082737



04192006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2607957**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**FL** Zip Code

954 584 0070

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