

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/1  
**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-06-2006 90003 016 \*\*\*158.75

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P05000150124</b><br>1. Entity Name<br><b>EXECUTIVE AIR CONDITIONING OF THE PALM BEACHES &amp; TREASURE COAST INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br>1200 RIO VISTA BLVD.<br>#107<br>PALM BEACH GARDENS, US 33410 US   |  |   | Mailing Address<br>1200 RIO VISTA BLVD.<br>#107<br>PALM BEACH GARDENS, US 33410 US |  |  |
| 2. Principal Place of Business<br><u>1029 S.W. Goodman Ave.</u>  |  | 3. Mailing Address<br><u>1029 S.W. Goodman Ave.</u>   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State<br><b>PORT ST. LUCIE, FL</b>  |  | City & State<br><b>PORT ST. LUCIE, FL</b>   |  | 4. FEI Number<br><b>90-0252283</b>   |  |
| Zip<br><b>34953</b>  |  | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TRAYWICK, ROSEMARIE</b><br><b>1200 RIO VISTA BLVD.</b><br><b>#107</b><br><b>PALM BEACH GARDENS, FL 33410</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |  |
| 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.<br><br>SIGNATURE <u>Rosemarie Traywick</u> <u>Rosemarie Traywick</u> <u>7/1/06</u><br><small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when filing.)</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIR<br>TRAYWICK, ROSEMARIE<br>1200 RIO VISTA BLVD., #107<br>PALM BEACH GARDENS, FL 33410   |   | <input type="checkbox"/> Delete  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DIR<br>TRAYWICK, ANDREW D JR.<br>1200 RIO VISTA BLVD. #107<br>PALM BEACH GARDENS, FL 33410 |   | <input type="checkbox"/> Delete  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |  |
| 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: <u>Rosemarie Traywick</u> <u>Rosemarie Traywick</u> <u>7/1/06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |  |  |

66066044



07022006 Chg-P CR2E034 (11/05)

FL

7/1/06

DATE

561-253-4169

ATTACHMENT

1029 S.W. Goodman Ave.  
Port St. Lucie, FL 34953

66072027  
#P0500150127

## Executive Air Conditioning of the Palm Beaches & Treasure Coast, Inc.

July 2, 2006

Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the 2006 For Profit Corporation Annual Report. I have not yet opened for business due to Health Problems. I hope to open by Jan. 1, 2007. I have made "0" dollar since forming the company.

I am new to owning a Business and I am enclosing the check for the annual fee of \$150.00.

I have recently moved and I have changed the Mailing Address as you can see on the attached copy. I did not receive a forwarded letter from the State of Florida for the above mentioned. Please accept my sincere apologies.

Sincerely,



RoseMarie Traywick  
President

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*Honesty and Integrity is first nature to our business.*

# ATTACHMENT

610023022  
~~# P05000150124~~

Mark the "X" in this box only if there is a change in Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/  
DATE STAMP

EIN 90-0252283 062112

EXECUTIVE AIR CONDITIONING OF THE  
PALM BEACHES & TREASURE COAST INC  
1029 SW GOODMAN AVE  
PORT ST LUCIE, FL 34953-1537

000

|       |        |
|-------|--------|
| 941   | 945    |
| 990-C | 1120   |
| 943   | 990-T  |
| 720   | 990-PF |
| CT-1  | 1042   |
| 940   | 944    |

1st  
Quarter

2nd  
Quarter

3rd  
Quarter

4th  
Quarter

72

29 3 Telephone number 561 251-4169

FOR BANK USE IN MICR ENCODING



ATTACHMENT

сору

Employer Identification Number:  
90-0252283

Form: 2553

**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

66032022  
# 105000150124

Number of this notice: CP 576 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

Thank you for your cooperation.

IRS. Contact: Ms. Smith  
053359191

tele: 215-516-1159

note: We use an afrasand in our name (4)

# ATTACHMENT 66032002 / #P05006150124

## Application for Employer Identification Number

Form **SS-4**  
(REV. December 2001)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others)

EIN **90-0252283**

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

|   |  |   |  |
|---|--|---|--|
| Type or print clearly.  |  | 1 Legal name of entity (or individual) for whom the EIN is being requested.<br><b>EXECUTIVE AIR CONDITIONING OF THE PALM BEACHES &amp; TREASURE COAST INC</b> |  |
| 2 Trade name of business (if different from name on line 1)   |  | 3 Executor, trustee, "care of" name<br><b>ROSEMARIE TRAYWICK, President</b>   |  |
| 4a Mailing address (room, apt., suite no. and street, or P.O. box)<br><b>1200 Rio Vista Blvd #107</b>   |  | 5a Street address (if different) (Do not enter a P.O. box)  |  |
| 4b City, state, and ZIP code<br><b>Palm BEACH Gardens, FL 33410</b>   |  | 5b City, state, and ZIP code  |  |
| 6 County and state where principal business is located<br><b>PALM BEACH County, FLORIDA</b>   |  |   |  |
| 7a Name of principal officer, general partner, grantor, owner, or trustee<br><b>ROSEMARIE TRAYWICK, Pres.</b>   |  | 7b SSN, ITIN, or EIN<br><b>90-0252283</b>   |  |
| 8a Type of entity (check only one box)  |  |   |  |
| <input type="checkbox"/> Sole proprietor (SSN) _____  |  | <input type="checkbox"/> Estate (SSN of decedent)   |  |
| <input type="checkbox"/> Partnership  |  | <input type="checkbox"/> Plan administrator (SSN)   |  |
| <input checked="" type="checkbox"/> Corporation (enter form number to be filed) <b>CP 576 A</b>   |  | <input type="checkbox"/> Trust (SSN of grantor)   |  |
| <input type="checkbox"/> Personal service corp.   |  | <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government   |  |
| <input type="checkbox"/> Church or church-controlled organization   |  | <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military  |  |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____   |  | <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises   |  |
| <input type="checkbox"/> Other (specify) ▶ _____  |  | Group Exemption Number (GEN) ▶ _____  |  |
| 8b If a corporation, name of state or foreign country (if applicable) where incorporated  |  | State <b>Florida</b> Foreign country  |  |
| 9 Reason for applying (check only one box)  |  |   |  |
| <input checked="" type="checkbox"/> Started new business (specify type) <b>Air Conditioning</b>   |  | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____  |  |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)   |  | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____  |  |
| <input type="checkbox"/> Compliance with IRS withholding regulations  |  | <input type="checkbox"/> Purchased going business   |  |
| <input type="checkbox"/> Other (specify) ▶ _____  |  | <input type="checkbox"/> Created a trust (specify type) ▶ _____   |  |
|   |  | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____  |  |
| 10 Date business started or acquired (month, day, year)<br><b>November 10, 2005</b>   |  | 11 Closing month of accounting year<br><b>October</b>   |  |
| 12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) <b>APRIL 1, 2006</b> |  |   |  |
| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."   |  | Agricultural Household Other  |  |
| 14 Check one box that best describes the principal activity of your business.   |  |   |  |
| <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing   |  | <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker  |  |
| <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance  |  | <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-retail <input type="checkbox"/> Retail                               |  |
| <input checked="" type="checkbox"/> Other (specify) <b>Air Conditioning</b>   |  |   |  |
| 15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided.<br><b>Air Conditioning Units installed &amp; Repaired.</b>  |  |   |  |
| 16a Has the applicant ever applied for an employee identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |  |
| Note: If "Yes," please complete lines 16b and 16c.  |  |   |  |
| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  |  |   |  |
| Legal name ▶ _____  |  | Trade name ▶ _____  |  |
| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.   |  |   |  |
| Approximate date when filed (mo., day, year)  |  | City and state where filed Previous EIN   |  |
|   |  |   |  |
| Third Party Designee  |  |   |  |
| Designee's name   |  | Designee's telephone number (incl. area code)   |  |
| Address and Zip Code  |  | Designee's fax number (include area code)   |  |
|   |  |   |  |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.   |  |   |  |
| Name and title (Please type or print clearly.) <b>Rose Marie Traywick, President</b>  |  | Applicant's telephone number (incl. area code) <b>(561) 776-1262</b>  |  |
| Signature <b>Rose Marie Traywick</b> Date <b>01/08/06</b>   |  | Applicant's fax number (include area code) <b>(561) 430-4353</b>  |  |

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat No. 16055N

Form **SS-4** (Rev. 12-2001)