

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25765

FILED
Mar 11, 2005
Secretary of State

Entity Name: AIR CONDITIONING TECHNOLOGY & SERVICES, INC.

Current Principal Place of Business:

100 BERRYHILL LANE
THOMASVILLE, GA 317927965 US

New Principal Place of Business:

Current Mailing Address:

100 BERRYHILL LANE
THOMASVILLE, GA 317927965 US

New Mailing Address:

FEI Number: 58-1823898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, KAY
COUNTY ROAD 259-A, (LAKE ROAD)
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

TURNER, KAY A
6055 LAKE ROAD
MONTICELLO, FL 32344 US

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.

SIGNATURE: KAY TURNER

03/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCRAY, BARRY A
Address: 201 BERRYHILL LN
City-St-Zip: THOMASVILLE, GA 317927987 US

Title: S () Delete
Name: MCCRAY, KIMBERLY L
Address: 201 BERRYHILL LN
City-St-Zip: THOMASVILLE, GA 317927987 US

Title: COO () Delete
Name: MCCRAY, BETTY L
Address: 7160 TWELVE MILE POST RD.
City-St-Zip: BOSTON, GA 31626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY A. MCCRAY

PD

03/11/2005

Electronic Signature of Signing Officer or Director

Date