

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90042 014 ***150.00

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1. Entity Name

ADVANCED AIR CONDITIONING AND REFRIGERATION, INC.



Principal Place of Business

**3510 CONINE DR.
LAKELAND FL 33881
US**

Mailing Address

**P.O. NOX 2551, N/A
EATON PARK FL 33840
US**

2. Principal Place of Business

1910 42ND STREET N.W.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE

CR2E034 (11/03)

City & State
WINTER HAVEN FL

City & State
FL

4. FEI Number

59-3150562

Applied For

Not Applicable

Zip
33881

Country
POLK

Zip
33881

Country
POLK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENS, BARRY
3510 CONINE DRIVE EAST
WINTER HAVEN FL 33881**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Barry Stephens

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VPS** ☒ Delete
NAME **STEPHENS, JOYCE** **DECEASED**
STREET ADDRESS **3510 CONINE DR.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **P** ☐ Delete
NAME **STEPHENS, BARRY**
STREET ADDRESS **3510 CONINE DR.**
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Barry Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

Date

800-442-3667

Daytime Phone #