

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90135 038 ***150.00



DOCUMENT # P92000007364		1. Entity Name ADVANCED AIR CONDITIONING AND REFRIGERATION, INC.	
Principal Place of Business 1910 42ND STREET NW LAKELAND FL 33881 US WINTER HAVEN FL 33881		Mailing Address P.O. BOX 2551, N/A EATON PARK FL 33840 US	
2. Principal Place of Business		3. Mailing Address 1910 42ND ST N.W WINTER HAVEN FL 33881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FL 33881	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STEPHENS, BARRY 3510 CONINE DRIVE EAST WINTER HAVEN FL 33881		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, BARRY	NAME	
STREET ADDRESS	3510 CONINE DR.	STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3150562** Applied For Not Applicable

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

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: *Bry Stephens* **4/15/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #