

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013868

FILED
Mar 28, 2005
Secretary of State

Entity Name: GOLD COAST AIR CONDITIONING INC

Current Principal Place of Business:

2400 NW 16TH LANE
POMPANO BCH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2400 NW 16 LA
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 65-0393547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLINSKI, GEORGE
101 GREENBRIER B
W PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURNER, JOHN R
Address: 6332 LA COSTA DRIVE SUITE D
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: OLINSKI, GEORGE E
Address: 101 GREENBRIER B
City-St-Zip: W PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TURNER, JOHN R
Address: 144 NW 37 WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

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: GEORGE OLINSKI

VP

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date