

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004 8:00 am
Secretary of State

08-03-2004 90008 012 ***150.00

DOCUMENT # P93000042901 1. Entity Name TEAGUE'S AMERICAN AIR CONDITIONING CORPORATION																																																																																																																													
Principal Place of Business P.O. BOX 150177 CAPE CORAL, FL 33915			Mailing Address P.O. BOX 150177 CAPE CORAL, FL 33915																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 59-3182638																																																																																																																									
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent TEAGUE, KENNETH E 2323 S.E. 10TH AVENUE CAPE CORAL, FL 33990				7. Name and Address of New Registered Agent Name STEVEN TEAGUE Street Address (P.O. Box Number is Not Acceptable) 1166 ALABAR LANE City NORTH FORT MYERS FL Zip Code 33903																																																																																																																									
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 obligation of registered agent. SIGNATURE DATE _____ Signature, typed or printed name of registered agent and take it applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. (PRESIDENT) POSITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☒ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>TEAGUE, KENNETH E</td> <td></td> <td>STREET ADDRESS</td> <td>1166 ALABAR LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2323 S.E. 10TH AVENUE CAPE CORAL, FL 33990</td> <td></td> <td>CITY-ST-ZIP</td> <td>NORTH FT MYERS FL 33903</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVP</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>TEAGUE, SR, STEVE O</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1166 ALABAR LN</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N FT MYERS, FL 33903</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. (PRESIDENT) POSITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☒ Addition	STREET ADDRESS	TEAGUE, KENNETH E		STREET ADDRESS	1166 ALABAR LANE		CITY-ST-ZIP	2323 S.E. 10TH AVENUE CAPE CORAL, FL 33990		CITY-ST-ZIP	NORTH FT MYERS FL 33903		TITLE	SVP	☒ Delete	TITLE		☐ Change ☐ Addition	NAME	TEAGUE, SR, STEVE O		NAME			STREET ADDRESS	1166 ALABAR LN		STREET ADDRESS			CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 any document with an address, with all other like empowered.																																																																																																																													
SIGNATURE				Date 7-30-04 Daytime Phone # 239-574-1234																																																																																																																									

66433128



07292004 Chg-P CR2E034 (10/03)

Attachment

July 29, 2004

Teagues American Air Conditioning, Inc.
P.O. Box 150177
Cape Coral, FL 33915

66433128

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Reference Number: P93000042901

Dear Sirs,

We did not receive the notice from the Division of Corporations last spring. We were advised by our accountant in July to file the annual report.

Please abate the penalty of \$ 400.00. We will make sure all future filings are done on a timely basis. Thank you for your consideration.

Very Truly Yours,



Steven Teague