

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90414 036 ***150.00

DOCUMENT # P94000009573

1. Entity Name
TEMP-A-CHEER AIR CONDITIONING COMPANY



Principal Place of Business

**12890 MARCELLA BLVD
LOXAHATCHEE, FL 33470**

Mailing Address

**12890 MARCELLA BLVD
LOXAHATCHEE, FL 33470**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0465698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL D
12890 MARCELLA BLVD
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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: _____

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, MICHAEL D
STREET ADDRESS	12890 MARCELLA BLVD
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	VP
NAME	WILLIAMS, CARLTON D
STREET ADDRESS	6850 CODY ST
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	ST
NAME	WILLIAMS, CYNTHIA
STREET ADDRESS	12890 MARCELLA BLVD
CITY - ST - ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Cynthia L. Williams Cynthia L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04
Date

561-798-1948
Daytime Phone #