

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000017481

1. Entity Name

ARCTIC-COLD AUTO AIR, INC.



Principal Place of Business

1350 N NOVA RD
DAYTONA BEACH, FL 32117 US

Mailing Address

1350 N NOVA ROAD
DAYTONA BEACH, FL 32117 US



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3239959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CROTTY, KATHLEEN L
125 NORTH RIDGEWOOD
DAYTONA BEACH, FL 32114

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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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000422960
02/17/06-80037-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	FARMER, RAMONA K	
STREET ADDRESS	1314 MIAMI CR	
CITY-ST-ZIP	HOLLY HILL, FL	
TITLE	VP	
NAME	FARMER, RAYMOND J	
STREET ADDRESS	1314 MIAMI CR	
CITY-ST-ZIP	HOLLY HILL, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ramona K Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06 (386) 354-8100
Date

Daytime Phone #