


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90282 001 ***150.00
03-30-2007 90282 002 *****8.75

DOCUMENT # P94000055064 1. Entity Name AIR CONDITIONING & REFRIGERATION SERVICE SPECIALIST, INC.					
Principal Place of Business 14390 NE 188TH PL FORT MC COY, FL 32134 US			Mailing Address 14390 NE 188TH PL FORT MC COY, FL 32134 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 384 Suite, Apt. #, etc.			
City & State Zip Country		City & State Ft. Mc Coy, FL Zip Country 32134 US		4. FEI Number 65-0502998 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CARTER, GAIL 1741 IXORA DRIVE NORTH FORT MYERS, FL 33917			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14390 NE 188TH PL City State Zip Code Ft. Mc Coy FL 32134		
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: <u><i>Gail A Carter</i></u> GAIL A CARTER DATE: 3-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, GAIL A 14390 NE 188TH PL FORT MC COY, FL 32134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEFFIELD, CHRISTOPHER B 6015 TABOR AVE FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARLEY D. CARTER 14390 NE 188TH PL FT. MC COY, FL 32134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARLEY D. CARTER 14390 NE 188TH PL FT. MC COY, FL 32134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Gail A Carter</i></u> GAIL A CARTER DATE: 3-15-07 3525461256 <small>Signature and typed or printed name of signing officer or director</small>					