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Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90025 042 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000025060

1. Entity Name
SARGEANT AIRCONDITIONING INC.

400J0L0J

03142005 Chg-P - CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~140 E 41 ST~~	~~140 E 41 ST~~
~~HIALEAH, FL 33013~~	~~HIALEAH, FL 33013~~

2. Principal Place of Business	3. Mailing Address
3362 NW 69 ST.	140 E 41 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: HIALEAH FL.
Zip: 33011 Country: DADE	Zip: 33013 Country: DADE

4. FEI Number: 65-0579883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELTON, DAVID A SR.
140 E 41 ST
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D MELTON, DAVID A SR. 140 E 41 ST HIALEAH, FL 33013 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V THOMAPSON, BOBBY J 14341 LEANING PINE DR HIALEAH, FL 33014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES. Thompson Bobby J. 14341 Lening Pine Dr. Miami Lakes FL. 33014 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: David A Melton Sr. President 3/16/05