


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90200 025 ***150.00

DOCUMENT #.P95000032471		
1. Entity Name MCARTOR AIR CONDITIONING, INC.		

Principal Place of Business 26712 FOAMFLOWER BLVD WESLEY CHAPEL FL 33544	Mailing Address PO BOX 7101 WESLEY CHAPEL FL 33543 US
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2. Principal Place of Business 26033 BUSH CT.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WESLEY CHAPEL	City & State
Zip 33544	Country USA
Zip 33544	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3308329		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCARTOR, STEVEN M 26712 FOAMFLOWER BLVD - MOVED WESLEY CHAPEL FL 33544		7. Name and Address of New Registered Agent Name MCARTOR, STEVEN M. Street Address (P.O. Box Number is Not Acceptable) 26033 BUSH CT. City WESLEY CHAPEL FL Zip Code 33544

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 Steven McArtor STEVEN MCARTOR 2-23-05
(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
Make Check Payable to Florida Department of State

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	DP MCARTOR, STEVEN M 26712 FOAMFLOWER BLVD WESLEY CHAPEL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCARTOR, PATRICIA E 26712 FOAMFLOWER BLVD WESLEY CHAPEL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an attachment with an address, with all other like empowered.

SIGNATURE: Patricia McArtor PATRICIA MCARTOR 2-23-05 813-973-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #