

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000088121

1. Entity Name
BAY BREEZE AIR CONDITIONING, INC.



Principal Place of Business
**4090 S.W. 82ND TERRACE
DAVIE, FL 33328**

Mailing Address
**4090 S.W. 82ND TERRACE
DAVIE, FL 33328**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0623571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARBY, MARK E
4090 S.W. 82ND TERRACE
DAVIE, FL 33328**

**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 registering)

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**

**U000000141279
04/30/04-80005-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARBY, MARK E
STREET ADDRESS	4090 N.W. 82ND TERRACE
CITY-ST-ZIP	DAVIE, FL 33328

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: MARK CARBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 (954) 370-1469
Date Daytime Phone #