

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000000499**

1. Entity Name  
**AIR RESCUE AIR CONDITIONING, INC.**



Principal Place of Business  
**602 W KEYSVILLE RD  
#14  
PLANT CITY, FL 33567**

Mailing Address  
**602 W KEYSVILLE RD  
#14  
PLANT CITY, FL 33567**



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3353304**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MYERS, HAROLD JAMES  
280 MOCCASIN HOLLOW ROAD  
LITHIA, FL 33547-2005**

**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) (DO NOT, if registered Agent signature required when out of state) (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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PVPS  
MYERS JR., HAROLD J  
280 MOCCASIN HOLLOW ROAD  
LITHIA, FL 335472005**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
MYERS, STACEY  
280 MOCCASIN HOLLOW ROAD  
LITHIA, FL 335472005**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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01/13/04-80012-008 150.00

**DO NOT WRITE  
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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:** \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR