

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90013 009 ***550.00

DOCUMENT # P96000019787	
1. Entity Name R.E.M. AIR CONDITIONING SERVICE, INC.	

Principal Place of Business 2216 S.W. 60TH WAY MIRAMAR FL 33023	Mailing Address 2216 S.W. 60TH WAY MIRAMAR FL 33023
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (4/04)

4. FEI Number 65-0663778		Applied For ☐ Not Applicable														
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required														
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2" rowspan="4"> FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2"> FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL Zip Code	
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FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Raymond E. Mincher **RAYMOND E. MINCHER** 8/19/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #