

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90029 041 ***150.00

40005410



01182005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000060052 1. Entity Name CONDITIONED AIR OF PASCO COUNTY, FLORIDA, INC.																													
Principal Place of Business 11127 BLACK WALNUT ST HUDSON, FL 34669			Mailing Address 11127 BLACK WALNUT ST HUDSON, FL 34669																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FEI Number 59-3406879 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DOLAN, MARCIA 12208 COUNTRY COVE AVE HUDSON, FL 34669																									
7. Name and Address of New Registered Agent Name Frank Cirone INC. Street Address (P.O. Box Number is Not Acceptable) 5833 U.S. Hwy 19, STE # 12 City N.P.R State FL Zip Code 34652				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 <u>Frank Cirone</u> <u>[Signature]</u> <u>1/18/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D METZ, DANIEL R</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7638 CITRUS BLOSSOM</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">LAND O LAKES, FL 34639</td> </tr> </table>			TITLE	D METZ, DANIEL R	<input type="checkbox"/> Delete	STREET ADDRESS	7638 CITRUS BLOSSOM		CITY-ST-ZIP	LAND O LAKES, FL 34639		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2">7638 Citrus Blossom DR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">LAND O LAKES, FL 34637-9470</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	7638 Citrus Blossom DR.		STREET ADDRESS	LAND O LAKES, FL 34637-9470		CITY-ST-ZIP					
TITLE	D METZ, DANIEL R	<input type="checkbox"/> Delete																											
STREET ADDRESS	7638 CITRUS BLOSSOM																												
CITY-ST-ZIP	LAND O LAKES, FL 34639																												
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																												
NAME	7638 Citrus Blossom DR.																												
STREET ADDRESS	LAND O LAKES, FL 34637-9470																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Delete <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
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 the 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 a similar like approval.																													
SIGNATURE <u>[Signature]</u> <u>1/17/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													