2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000079814

1. Entity Name
INTEGRITY AIR CONDITIONING INC.

Principal Place of Business	Mailing Address
104 W. SENECA AVE., SUITE 11 TAMPA, FL 33612	104 W. SENECA AVE., SUITE 11 TAMPA, FL 33612

94047184

2. Principal Place of Business	3. Mailing Address
10107 Tanner Rd	10107 Tanner Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01052004   Chg-P   CR2E034 (10/03)

City & State	City & State	4. FEI Number	Applied For
Tampa FL	Tampa FL	59-3412937	Not Applicable
Zip 33610 Country USA	Zip 33610 Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOOVER, JAY 8307 N NEWPORT AVE TAMPA, FL 33604-2816	Name: Jay Hoover Street Address (P.O. Box Number is Not Acceptable): 10107 Tanner Rd City: Tampa FL Zip Code: 33610

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) Jay L Hoover   4/5/04

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, 2004 Fee will be $550.00

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: PD NAME: HOOVER, JAY STREET ADDRESS: 8307 N NEWPORT AVE CITY-ST-ZIP: TAMPA, FL 336042816	☐ Delete	TITLE: NAME: STREET ADDRESS: 10107 Tanner Rd CITY-ST-ZIP: Tampa FL 33610	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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: (signature) Jay L Hoover   4/5/04   813-932-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #