

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000014646

1. Entity Name
ARCTIC AIR CONDITIONING, INC.



Principal Place of Business
4105 SW 26TH PLACE
CAPE CORAL, FL 33914

Mailing Address
4105 SW 26TH PLACE
CAPE CORAL, FL 33914



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0576649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STARK, BARBARA K
4105 SW 26TH PLACE
CAPE CORAL, FL 33914

**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 _____ (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

U000000112538
04/14/04-80027-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STARK, PHILIP W 4105 SW 26TH PLACE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STARK, BARBARA K 4105 SW 26TH PLACE CAPE CORAL, FL 33914
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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)(f), 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: *Barbara Stark* 4-10-04 239-945-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #