

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000012082

1. Entity Name
W.B. AIR CONDITIONING CORPORATION



Principal Place of Business
**6082 96TH TERRACE NORTH
PINELLAS PARK, FL 33782**

Mailing Address
**6082 96TH TERRACE NORTH
PINELLAS PARK, FL 33782**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3501357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOGUSIEWICZ, WALDEMAR
6082 96TH TERRACE NORTH
PINELLAS PARK, FL 33782**

**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 (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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DOP
BOGUSIEWICZ, WALDEMAR
6082 96TH TERR N
PINELLES PARK, FL 33782**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BOGUSIEWICZ, WALDEMAR
6082 96TH TERR N
PINELLES PARK, FL 33782**

TITLE
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U000000126968
04/23/04-80056-004 150.00

**DO NOT WRITE
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)(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: *W. Bogusiewicz Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 727-460-9289
Date Daytime Phone #