


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P98000062365</b><br>1. Entity Name<br><b>JOHN BARTHA'S ANYTIME AIR CONDITIONING<br/>SERVICE, INC.</b> |  |
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|   |   |
|---|---|
| Principal Place of Business<br><b>1131 SE 9TH TERRACE<br/>POMPAÑO BEACH, FL 33060</b> | Mailing Address<br><b>1131 SE 9TH TERRACE<br/>POMPAÑO BEACH, FL 33060</b> |
|---|---|



04302004 No Chg-P CR2E034 (10/03)

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|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0853701</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br><b>BARTHA, JOHN<br/>1131 SE 9TH TERRACE<br/>POMPAÑO BEACH, FL 33060</b> |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPVS<br>BARTHA, JOHN<br>1131 SE 9TH TERRACE<br>POMPAÑO BEACH, FL 33060 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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05/03/04-80193-010 150.00

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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)(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:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT 4/30/04 (954) 267 9778**  
Date Daytime Phone #