

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90021 024 ***150.00

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01142005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000084859 1. Entity Name CENTRAL FLORIDA A/C & AUTOMOTIVE REPAIR, INC.																													
Principal Place of Business 5585 E. SILVER SPRINGS BLVD SILVER SPRINGS, FL 34488			Mailing Address 5585 E. SILVER SPRINGS BLVD SILVER SPRINGS, FL 34488																										
2. Principal Place of Business 3035 NE 37TH PL Suite, Apt. #, etc.		3. Mailing Address 3035 NE 37TH PL Suite, Apt. #, etc.																											
City & State OCALA, FL Zip 34479		City & State OCALA, FL Zip 34479		4. FEI Number 59-3537970 Apply For ☐ Not Applicable																									
Country 34479		Country 34479		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SMITH, SIDNEY 5585 E. SILVER SPRINGS BLVD SILVER SPRINGS, FL 34488				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3035 NE 37TH PL City OCALA State FL Zip Code 34479																									
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 1-15-05 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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, SIDNEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3035 NE 37TH PLACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>OCALA, FL 34479</td> <td></td> </tr> </table>			TITLE	D	☐ Delete	NAME	SMITH, SIDNEY		STREET ADDRESS	3035 NE 37TH PLACE		CITY - ST - ZIP	OCALA, FL 34479		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%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-15-05 352 350 1476 Daytime Phone #																										