

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000093140

1. Entity Name  
WINDSOR AIR CONDITIONING & HEATING, INC.



Principal Place of Business  
6388 BELVEDERE RD.  
WEST PALM BEACH, FL 33413

Mailing Address  
6388 BELVEDERE RD.  
WEST PALM BEACH, FL 33413



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0876087

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WINDSOR, JOHN D II  
6388 BELVEDERE RD  
WEST PALM BEACH, FL 33413

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE D  
NAME WINDSOR, JOHN D II  
STREET ADDRESS 6388 BELVEDERE RD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE D  
NAME WINDSOR, JOHN D  
STREET ADDRESS 6388 BELVEDERE RD.  
CITY-ST-ZIP WEST PALM BEACH, FL 33413

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000000307586  
04/15/05-80061-019 150.00

**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 or without other like empowered.

SIGNATURE JOHN D WINDSOR II 2/14/05 541-683-6041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #