

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90111 001 ***550.00

DOCUMENT # P99000011115	
1. Entity Name A-1 24 HOUR SERVICE INC.	

Principal Place of Business 18424 SW 293 TERR HOMESTEAD FL 33030	Mailing Address 18424 SW 293 TERR HOMESTEAD FL 33030
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2. Principal Place of Business 18995 SW 288 ST Suite, Apt. #, etc.	3. Mailing Address 18995 SW 288 ST Suite, Apt. #, etc.
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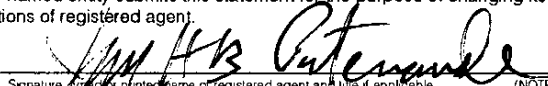
City & State MIAMI FL	City & State MIAMI Dade FL
Zip 33030	Country MIAMI Dade

4. FEI Number 65-0891963	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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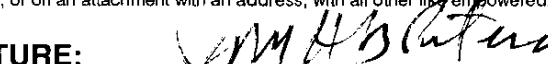
6. Name and Address of Current Registered Agent PATENAUE, JOSEPH H.B. 18424 SW 293RD TERRACE HOMESTEAD FL 33030	
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7. Name and Address of New Registered Agent Name Joseph PATENAUE Street Address (P.O. Box Number is Not Acceptable) 18995 SW 288 ST City MIAMI FL Zip Code 33030	
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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 of registered agent and his if applicable	DATE 24 JUN 05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATENAUE, JOSEPH H.B. 18424 SW 293 TERR HOMESTEAD FL 33030 18995 SW 288 ST MIAMI FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 24 JUN 05 Daytime Phone # 305 235 5855



ATTACHMENT
#P9900001115-

A-1 24 HOUR SERVICE, INC.
AIR CONDITIONING

CAC 058293

18995 S.W. 288 Street • Homestead, Florida 33030
(305) 235-5855

24 JUNE, 2005
18995 SW 288 St
Miami, Florida 33030

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee FL 32314

Dear sirs:

Request return of late fees. Document arrived late this location.

Joseph H. B. Patenaude

D.V.