

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 001 ***150.00

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1. Entity Name

NORTH CENTRAL FLORIDA AIR CONDITIONING, INC.



Principal Place of Business

1120 SOUTH MAIN STREET
HIGH SPRINGS FL 32643

Mailing Address

P.O. BOX 700
HIGH SPRINGS FL 32655-0700

11004000



MOORE CR2E034 (11/03)

2. Principal Place of Business

2325 NW 1st Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

High Springs, Florida

City & State

Zip

32643

Country

USA

Country

4. FEI Number

59-3563451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHER, CHARLES W II
25206 N CR 1491
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME FISCHER, CHARLES W II
STREET ADDRESS 25206 N CR 1491
CITY-ST-ZIP ALACHUA FL 32615

TITLE S ☐ Delete
NAME FISCHER, LINDA A
STREET ADDRESS 25206 N CR 1491
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles W II Fischer Secretary/owner

Date

1/20/04

Daytime Phone #

386.454

4767