2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90141 021 ***150.00

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03132006 Chg-P CR2E034 (11/05)

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1. Entity Name
NORTH CENTRAL FLORIDA AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
26253 WEST US HIGHWAY 27 HIGH SPRINGS, FL 32643	P.O. BOX 700 HIGH SPRINGS, FL 32655-0700

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	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	7. Name and Address of New Registered Agent
FISCHER, CHARLES W II 4069 NORTHEAST STATE ROAD 47 HIGH SPRINGS, FL 32643	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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISCHER, CHARLES W II 25206 N CR 1491 ALACHUA, FL 32615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fischer, Charles W II 4069 NORTHEAST SR 47 HIGH SPRINGS, Fl. 32643	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISCHER, LINDA A 25206 N CR 1491 ALACHUA, FL 32615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fischer, Linda A 4069 Northeast SR 47 High Springs, Fl. 32643	☐ 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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda A Fischer 3/13/06 3864544767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #