


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000039951 <small>1. Entity Name</small> MARC MORRIS AIR CONDITIONING AND REFRIGERATION, INC.	
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<small>Principal Place of Business</small> 318 S BAHAMAS AVE TEMPLE TERRACE, FL 33687	<small>Mailing Address</small> 318 S BAHAMAS AVE TEMPLE TERRACE, FL 33687
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

<small>4. FEI Number</small> 59-3634743	<small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, MARCUS A
318 S BAHAMAS AVE
TEMPLE TERRACE, FL 33617

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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: Marcus A Morris (NOTE: Registered Agent signature required when reinstating) DATE: 4-27-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>S</small> MORRIS, RUTH H 318 S BAHAMAS AVE TEMPLE TERRACE, FL 33617
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<small>P</small> MORRIS, MARCUS A 318 S BAHAMAS AVE TEMPLE TERRACE, FL 33617
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	

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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)(f), 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: Marcus A Morris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4-28-05 815 989-8804 Daytime Phone #