# 2005 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED**
**Jan 18, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P99000042999

1. Entity Name
LEMMOND AIR CONDITIONING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 105 MELBOURNE AVENUE<br>MERRITT ISLAND, FL 32953 | 105 MELBOURNE AVENUE<br>MERRITT ISLAND, FL 32953 |

01062005 No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3580780
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, JACKSON R
105 MELBOURNE AVENUE
MERRITT ISLAND, FL 32953

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: J.R. Brooks 1-13-05
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required if item number 6 is changed) — DATE

**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 | ST |
| NAME | BROOKS, JAMES P II |
| STREET ADDRESS | 994 CHASE HAMMOCK ROAD |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 |
| TITLE | P |
| NAME | BROOKS, JACKSON R |
| STREET ADDRESS | 105 MELBOURNE AVENUE |
| CITY-ST-ZIP | MERRITT ISLAND, FL 32953 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000181661
01/18/05-80006-020 150.00

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 all other like empowered.

SIGNATURE: J.R. Brooks 1-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #