


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90021 028 \*\*\*150.00

<b>DOCUMENT # P99000110450</b> 1. Entity Name <b>AIR CARE AIR CONDITIONING &amp; HEATING, INC.</b>					
Principal Place of Business <b>1719 BARROW STREET DELTONA, FL 32725-9602</b>			Mailing Address <b>1719 BARROW STREET DELTONA, FL 32725-9602</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3615030</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, RALPH A 1719 BARROW STREET DELTONA, FL 327259602		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, TERESA A 1719 BARROW STREET DELTONA, FL 327259602		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			5/12/04 (386) 789-2300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

24076422



03052003 Chg-P CR2E034 (10/03)

~~Attachment~~  
24076432  
# P99000110450

Nora B. Romero  
*Certified Public Accountant*  
2411 E. Graves Ave, Ste#4  
Orange City, FL 32763  
(386) 851-0040

May 12, 2004

Division of Corporation  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Air Care Air Conditioning & Heating, Inc. F.E.I# 59-3615030

Sir/Madam:

This letter is to request an abatement of the penalty for filing the annual report late. Management did not receive the form as in prior years to remind them of the deadline for filing this report. I informed them that they should have received a card instead of a form this year and to mark their calendar for the May 1 deadline. They would be complying with this rule in the future.

Your favorable response would be greatly appreciated.

Sincerely,



Nora B. Romero  
CPA

cc: Ralph Williams