ANNUAL REPORT (AR)

DOCUMENT # V01158

1. Entity Name

R & R AIRCONDITIONING SERVICE, INC.



FILED Jan 31, 2005 08:00 AM Secretary of State

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DPST							1000		50	Ci Cia	y	State
2. Principal Place of Business	Principal Plac	e of Business		Majin	g Address							
Suite, Apt #. etc.			RD									
Suite, Apt #. etc.								118				
City & State City & State Country Co	2. Principal P	Place of Busine	PSS .	3. Mailing Address								
Signature Sign	Suite, Apt	#, etc		Suite, Apt #, etc.				1:	st MOORE	CR2E034	(10/04)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODGERS, GLEN R 1113 OCOEE APOPKA RD OCOEE FL 34761 City City FL Zip Code City FL Zip Code City FL Zip Code FL Zip Code FL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip	City & State	e		City & State				4. FEI Numb	^{per} 59-3103254	ļ		
RODGERS, GLEN R 1113 OCOEE APOPKA RD OCOEE FL 34761 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 1. 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 with a dependence of the obligations of registered agent. The first 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 with a dependence of the obligations of registered agent. The first 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. The first 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. The first 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. The first purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. The first purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the first purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the obligation of registered agent. The state of Florida. I am familiar with, and accept the first purpose of Changing Inflancing Plancing P	Zip Country			Zip	Zip Count			5. Certificat				
Street Address (P.O. Box Number is Not Acceptable) Clay FL Zip Code		d Agent			7. Name an	d Address of New R	egistered A	jent				
Steel Address (P.O. Box Number is Not Acceptable) City							Name		,			
3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. File NoW!! FEE IS \$150.00	111:	3 OCOEE	apopka RD				Street Address (P.O. Box Number is Not Acceptable)					
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Description					J			9	,		.,,,,,	
Addition	SIGNATURE.	ng izture, Mr ed or	printed name of registered agent	and Hielf app	icanie (NOTE	Registere	d Agent signature re	aduited when reinstating)		DATE	-	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.	After	May 1, 2005	Fee Will Be \$550.00							•		
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U17-31-7P	STREET ALMERICA											
2. 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		<u> </u>										

2. I refer certify that the information supplied with this filling 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 eath; 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 407-656-3415

Daytime Pho