


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V05356</b> 1. Entity Name <b>CENTRAL AIR CONDITIONING &amp; REFRIGERATION SUPPLY, INC.</b>	
--	---

Principal Place of Business 1060 AURORA RD MELBOURNE, FL 32935 US	Mailing Address PO BOX 361232 MELBOURNE, FL 32936 US
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3099043</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  MCCRAW, FRANKLYN D 700 WHISPERING PINES CIR MELBOURNE, FL 32940
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000111665 04/13/04-80029-009 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCRAW, FRANKLYN D 700 WHISPERING PINES CIR MELBOURNE, FL 32940
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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:**  **2/26/04** **(321)253-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #