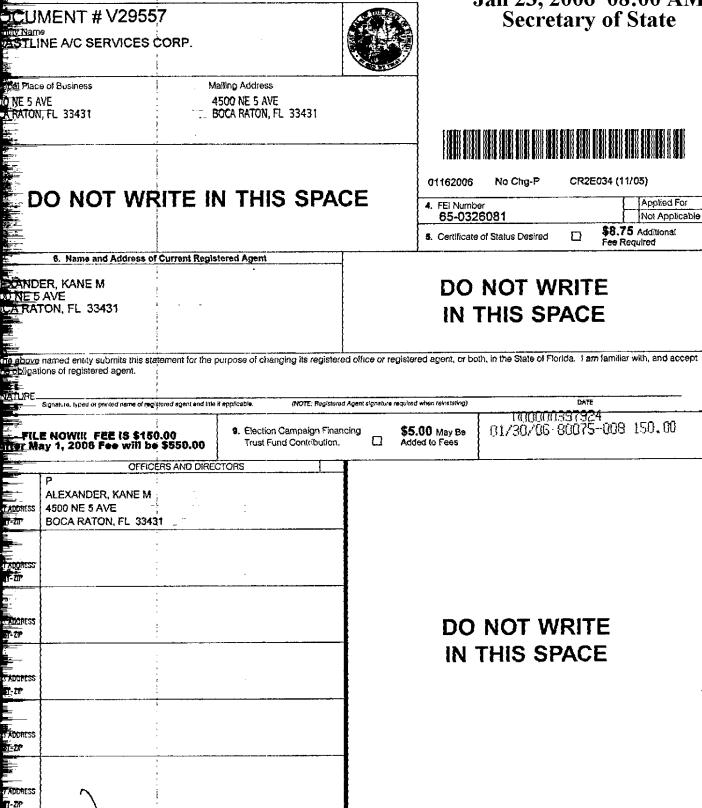
## 3006 FOR PROFIT CORPORATION ANNUAL REPORT STLINE A/C SERVICES CORP. Dat Place of Business Mailing Address 4500 NE 5 AVE NE 5 AVE BOCA RATON, FL 33431 RATON, FL 33431 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

## **FILED** Jan 23, 2006 08:00 AM Secretary of State



thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplimental 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 at the corporation or the receiver or this employer of the exemption of the receiver or this employer of the exemption of the receiver or this employer of the exemption of the receiver of this employer of the exemption of the receiver of this employer of the exemption of the receiver of this employer of the exemption of the receiver of this employer of the exemption of the receiver of this employer of the exemption of the receiver of the receiver of the receiver of the exemption of the receiver of the