


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # V57211 1. Entity Name R.J. COLLINS AIR CONDITIONING, INC.					
Principal Place of Business 1179 ROBIN KAY ROAD TALLAHASSEE FL 32312 US			Mailing Address 1179 ROBIN KAY ROAD TALLAHASSEE FL 32312 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLINS, RICHARD J. 1179 ROBIN KAY RD TALLAHASSEE FL 32312				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, RICHARD J.		NAME		
STREET ADDRESS	1179 ROBIN KAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL		CITY - ST - ZIP	000000018992 01/29/04-80008-005 150.00	
TITLE	DV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, GLORIA J.		NAME		
STREET ADDRESS	1179 ROBIN KAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL		CITY - ST - ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANCOCK, SAMUEL		NAME		
STREET ADDRESS	8044 YELLOW MOON		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL 32312		CITY - ST - ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, RAYMOND J.		NAME		
STREET ADDRESS	1179 ROBIN KAY ROAD		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Richard J. Collins</i>			Richard J. COLLINS 1/24/2004 850 894-1118		