


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED 1083  
 Apr 07, 2004 08:00 AM  
 Secretary of State  
 4-9-04  
 150

DOCUMENT # V61734 1. Entity Name AIR COOL A/C & HEATING, INC.		
Principal Place of Business 6495 BOCA CIRCLE BOCA RATON, FL 33433	Mailing Address 6495 BOCA CIRCLE BOCA RATON, FL 33433	
<b>DO NOT WRITE IN THIS SPACE</b>		



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0355963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SILVERS, MARK D. 6495 BOCA CIRCLE BOCA RATON, FL 33433	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Mark Silvers - President DATE 4-9-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000106036 04/07/04-80050-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SILVERS, MARK D. 6495 BOCA CIRCLE BOCA RATON, FL 33933
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TITLE NAME STREET ADDRESS 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)(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: Mark Silvers DATE 4-9-04 DAYTIME PHONE # 561-392-6A6Z  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR