


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

*PAID* **FILED**  
**APR 18, 2005 08:00 AM**  
 Secretary of State

**DOCUMENT # V61734**  
 1. Entity Name  
**AIR COOL A/C & HEATING, INC.**



Principal Place of Business      Mailing Address  
**6495 BOCA CIRCLE**                      **6495 BOCA CIRCLE**  
**BOCA RATON, FL 33433**                      **BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**



04102005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0355963**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SILVERS, MARK D.**  
**6495 BOCA CIRCLE**  
**BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**

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, the registered agent.

SIGNATURE: *Mark Silvers*      DATE: *4-12-05*

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reissuing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

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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**DO NOT WRITE IN THIS SPACE**

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 lines empowered.

SIGNATURE: *Mark Silvers*      DATE: *4-12-05*      DAYTIME PHONE #: *561392646*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #