


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

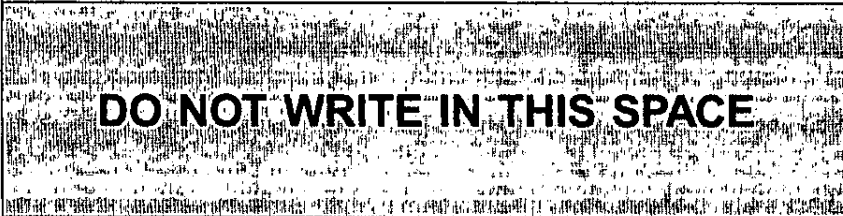
Feb 14, 2008 08:00 AM
PAID CHK # 1521
2-11-08
Secretary of State

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



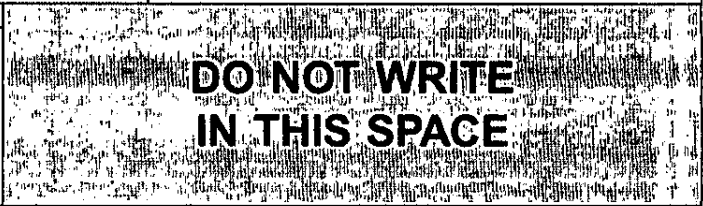
Principal Place of Business
6495 BOCA CIRCLE
BOCA RATON, FL 33433

Mailing Address
6495 BOCA CIRCLE
BOCA RATON, FL 33433



DO NOT WRITE IN THIS SPACE

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



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.

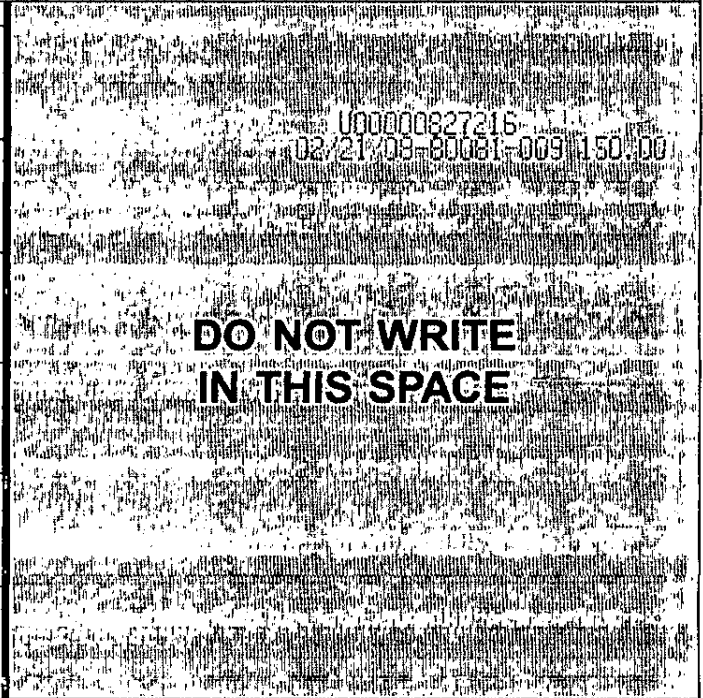
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SILVERS, MARK D.
STREET ADDRESS	6495 BOCA CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33933
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby 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 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 I am an officer or director, with all others so empowered.

SIGNATURE: Mark Silvers 2-11-08 (561)392 6462
MARK SILVERS
Date Daytime Phone #