## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000018918

1. Entity Name

A1A AIR CONDITIONING, INC.



Principal Place of Business

3873 S.W. BRUNER TERRACE PALM CITY, FL 34990 Mailing Address

3873 S.W. BRUNER TERRACE PALM CITY, FL 34990

## FILED Jan 25, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01172008	No Chg-P	CR2E034 (1	1/05)
4. FEI Number			Applie

86-1096097 Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEACON ACCOUNTING SERVICE, INC. 3135 S.W. MAPP ROAD PALM CITY, FL 34990

## DO NOT WRITE IN THIS SPACE

8. The above named entry 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	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE		
FILE NUTY!!! FEE IS STOULUU		Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHTON, WAYNE 3873 S.W. BRUNER TERRACE PALM CITY, FL 34990				H0000797910		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			000000737310 01/30/08-80008-013 150.00		
NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY+SI-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 changed, or on an attachment with an address, with all other like empowered.							