

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132992

FILED
Mar 13, 2006
Secretary of State

Entity Name: A-1 AIR CONDITIONING OF CENTRAL FLORIDA INC

Current Principal Place of Business:

207 LAKE SILVER DR
APT 6
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

207 LAKE SILVER DR
APT 6
WINTER HAVEN, FL 33881

New Mailing Address:

405 LEMON STREET
AUBURNDALE, FL 33823

FEI Number: 20-3544149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PECKHAM, RALPH W JR
207 LAKE SILVER DR
APT 6
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MADDIE, MICHAEL S
Address: 405 LEMON ST
City-St-Zip: AUBURNDALE, FL 33823

Title: VP () Delete
Name: PECKHAM, RALPH W JR
Address: 207 LAKE SILVER DR APT 6
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MADDIE

P

03/13/2006

Electronic Signature of Signing Officer or Director

_____ Date