


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 492563</b> 1. Entity Name <b>BILL WILLIAMS AIR-CONDITIONING &amp; HEATING, INC</b>	
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Principal Place of Business <b>3562 LENOX AVE BOX 6779 JACKSONVILLE FL 32236</b>	Mailing Address <b>3562 LENOX AVE BOX 6779 JACKSONVILLE FL 32236</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1636859</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WILLIAMS, WILLIAM 1196 COPPERGATE PL MACCLENNY FL 32063</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when rotating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HIGGINBOTHAM, IRVIN S			NAME			
STREET ADDRESS	3515 TROUT RIVER BLVD			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	BENNETT, TALMADGE L.			NAME			
STREET ADDRESS	835 CHELSEY DR			STREET ADDRESS			
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043			CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WILLIAMS, WILLIAM H			NAME			
STREET ADDRESS	1196 COOPERATE PLACE			STREET ADDRESS			
CITY - ST - ZIP	MACCLENNY FL 32063			CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	WILLIAMS, DELORES T			NAME			
STREET ADDRESS	1196 COPPERGATE PLACE			STREET ADDRESS			
CITY - ST - ZIP	MACCLENNY FL 32063			CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	TERRY, GAIL R			NAME			
STREET ADDRESS	6702 BEATRIX DR			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32226			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>WILLIAM H WILLIAMS</b> <b>01/22/04 904-387-049</b>
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MOORE CR2E034 (11/03)

4. FEI Number **59-1636859**  Applied For  Not Applied

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

Name	City
Street Address (P.O. Box Number is Not Acceptable)	Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 000000014643  
 01/27/04-80031-002 150.00

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>01/22/04</b> Daytime Phone # <b>904-387-049</b>
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