2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 492563

Entity Name: BILL WILLIAMS AIR-CONDITIONING & HEATING, INC .

Current Principal Place of Business:

3562 LENOX AVE
BOX 6779
JACKSONVILLE, FL 32236

New Principal Place of Business:

Current Mailing Address:

3562 LENOX AVE
BOX 6779
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 59-1636859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM
1196 COPPERGATE PL
MACCLENNY, FL 32063 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: VD ( ) Delete
Name: HIGGINBOTHAM, IRVIN, S
Address: 3515 TROUT RIVER BLVD
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete
Name: BENNETT, TALMADGE L.,
Address: 835 CHELSEY DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD ( ) Delete
Name: WILLIAMS, WILLIAM H,
Address: 1196 COOPERATE PLACE
City-St-Zip: MACCLENNY, FL 32063

Title: TD ( ) Delete
Name: WILLIAMS, DELORES T,
Address: 1196 COPPERGATE PLACE
City-St-Zip: MACCLENNY, FL 32063

Title: SD (X) Delete
Name: TERRY, GAIL R
Address: 6702 BEATRIX DR
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, WILLIAM H
Address: 1196 COOPERATE PLACE
City-St-Zip: MACCLENNY, FL 32063

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

Title: TD (X) Change ( ) Addition
Name: WILLIAMS, DELORES T
Address: 1196 COPPERGATE PLACE
City-St-Zip: MACCLENNY, FL 32063

Title: SD (X) Change ( ) Addition
Name: TERRY, GAIL R
Address: 6702 BEATRIX DR
City-St-Zip: JACKSONVILLE, FL 32226

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 Section 119.07(3)(i), 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: WILLIAM H. WILLIAMS P 04/27/2005

Electronic Signature of Signing Officer or Director — Date