

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90018 039 ***150.00

DOCUMENT # 499740
 1. Entity Name
CAPITAL APPLIANCE SERVICE & AIR CONDITIONING, INC.



Principal Place of Business: 9933 SEMINOLE BLVD. SEMINOLE, FL 34642
 Mailing Address: 9933 SEMINOLE BLVD. SEMINOLE, FL 33772

2. Principal Place of Business: 11997 80 Ave N
 Suite, Apt. #, etc.:
 3. Mailing Address: PO Box 7054
 Suite, Apt. #, etc.:



01122004 --Chg-P --CR2E034 (10/03)

City & State: Seminole, FL
 Zip: 33772 Country: Pinellas
 City & State: Seminole, FL
 Zip: 33775 Country: pinellas

4. FEI Number: 59-1646423 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HART, CORY
 9933 SEMINOLE BLVD
 SEMINOLE, FL 33772

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable): 11997 80 AVE N
 City: Seminole FL Zip Code: 33772

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: *Jeanne Hart*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HART, COREY	
STREET ADDRESS	11997 80THJ AVE N	
CITY-ST-ZIP	SEMINOLE, FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RYTEL, GEORGE	
STREET ADDRESS	12886 LOIS AVE	
CITY-ST-ZIP	SEMINOLE FL,	
TITLE	S	<input type="checkbox"/> Delete
NAME	HART, JEANNE	
STREET ADDRESS	11997 80TH AVE N	
CITY-ST-ZIP	SEMINOLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey S. Hartog	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10636 94 Place N.	
CITY-ST-ZIP	Seminole, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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.

SIGNATURE: *Jeanne Hart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #