


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 11997 80 AVE N PO BOX 7054
 SEMINOLE, FL 33772 SEMINOLE, FL 33775



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1646423 Not Applicable

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

6. Name and Address of Current Registered Agent

HART, CORY
 11997 80 AVE N
 SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

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: *Cory Hart*
Signature typed or printed name of registered agent and title if applicable

1/6/05
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	HART, COREY
STREET ADDRESS	11997 80THJ AVE N
CITY-ST-ZIP	SEMINOLE, FL
TITLE	DV
NAME	HARTOG, JEFFREY S
STREET ADDRESS	10636 94 PLACE N
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	S
NAME	HART, JEANNE
STREET ADDRESS	11997 80TH AVE N
CITY-ST-ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/13/05-80018-009 150.00

DO NOT WRITE IN THIS SPACE

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

1/6/05 727-391-0168
DATE Daytime Phone #