

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40001

FILED
Jan 13, 2004
Secretary of State

Entity Name: HOFFMANN & NIXON AIR CONDITIONING, INC.

Current Principal Place of Business:

1000 S.E. 1ST STREET
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1000 S.E. 1ST STREET
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-2732229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, DALE F
309 NE FIRST STREET
DELRAY BCH, FL 33483

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: PTD () Delete
Name: HOFFMAN, SCOTT,
Address: 1508 NW 4TH AVE
City-St-Zip: DELRAY BEACH, FL

Title: VSD () Delete
Name: NIXON, PETER,
Address: 5637 COUGARS PROWL
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HOFFMANN, SCOTT,
Address: 1508 NW 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33444

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: PETER NIXON

VSD

01/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date