


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90025 047 ***150.00

DOCUMENT # J51644

1. Entity Name
ADVANCE AUTO AIRCONDITIONING & HEATING, INC.



Principal Place of Business % JAMES DOLAN 1964 CASSET AVE JACKSONVILLE, FL 32210-3269	Mailing Address % JAMES DOLAN 1964 CASSET AVE JACKSONVILLE, FL 32210-3269
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2. Principal Place of Business 1964 CASSAT AVE Suite, Apt. #, etc.	3. Mailing Address 1964 CASSAT AVE Suite, Apt. #, etc.
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City & State Jacksonville FL.	City & State Jacksonville FL.
Zip 32210	Country DUVAL
Zip 32210	Country DUVAL



01172004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**DOLAN, JAMES
 1964 CASSET AVENUE
 JACKSONVILLE, FL 32205**

4. FEI Number
59-2755335

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **James Dolan**

Street Address (P.O. Box Number is Not Acceptable)
1964 CASSAT AVE

City **Jacksonville** FL Zip Code **32210**

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

**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**

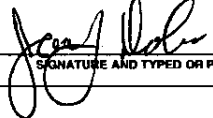
10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME DOLAN, JAMES	
STREET ADDRESS 1964 CASSET AVE	
CITY-ST-ZIP JACKSONVILLE, FL	
TITLE D	<input type="checkbox"/> Delete
NAME GARY, RONALD	
STREET ADDRESS 1964 CASSET AVE	
CITY-ST-ZIP JACKSONVILLE, 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	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **1/16/04** (904) **387-3433**
Daytime Phone #