

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M98561

**FILED  
Jan 05, 2004  
Secretary of State**

**Entity Name:** CLIMATE MASTERS HEATING & AIR CONDITIONING, INC.

**Current Principal Place of Business:**

5275 B US1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

5275 B US1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 59-2905342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHULER, GREGORY M.  
1078 CHEYENNE DR  
ST. AUGUSTINE, FL 32086

**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: SCHULER, GREGORY M.,  
Address: 1078 CHEYENNE DR.  
City-St-Zip: ST. AUGUSTINE, FL

Title: VPD ( ) Delete  
Name: SCHULER, DEBBIE  
Address: 1078 CHEYENNE DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD ( ) Delete  
Name: BAILEY, KELLY M  
Address: 103 SAN JOSE BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: OD ( ) Delete  
Name: TICE, ELEANOR L  
Address: 524 GERONA ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: KELLY M. BAILEY

TD

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date