


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90188 029 \*\*\*150.00

**DOCUMENT # P00000114603**

1. Entity Name  
**NATURAL AIR HEATING & COOLING SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
**234 ACACIA WALK**      **234 ACACIA WALK**  
**LAKE WALES FL 33853**      **LAKE WALES FL 33853**

2. Principal Place of Business      3. Mailing Address  
*6455 Hwy 60 East*      *6455 Hwy 60 East*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State      City & State  
*Lake Wales, Florida*      *Lake Wales, Florida*  
 Zip      Country      Zip      Country  
*33898*      *FL*      *33898*      *FL*

4. FEI Number **59-3712695**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CARSON, JONATHAN**  
**234 ACACIA WALK**  
**LAKE WALES FL 33853**

7. Name and Address of New Registered Agent  
 Name *Jonathan Carson*  
 Street Address (P. O. Box Number is Not Acceptable)  
*6455 Hwy 60 East*  
 City *Lake Wales*      FL      Zip Code *33898*

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 *[Signature]*      DATE *4-14-04*  
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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, JONATHAN 284 ACACIA WALK LAKE WALES FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARSON, BILL 3524 TWISTED OAK CT LAKE WALES FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARSON, SYLVIA 3524 TWISTED OAK CT LAKE WALES FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      Date *04-14-04*      Daytime Phone # *(863) 696-9291*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

# P00000114603

44047522

**JONATHAN CARSON, PRESIDENT  
NATURAL AIR HEATING AND COOLING  
SYSTEM INC.**

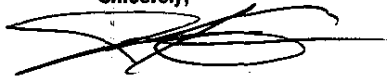
6455 Highway 60 East  
Lake Wales, FL 33898  
Phone: 863-696-9291  
Fax: 863-696-4984  
Naturalair2004@yahoo.com

July 1, 2004

To whom it may concern:

I've recently received a notice of intent to dissolve my corporate license on April 14, 2004 our company had filed the annual 2004 Profit Corporation Annual Report (AR). We were told they returned it for payment however we had not received the notice due to incorrect address. Then on July 1, 2004 some how we received the notice for intent to dissolve. So we are trying to straighten out this matter.

Sincerely,



**Jonathan C. Carson  
President**