

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90003 006 ***150.00

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07112004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000145712			
1. Entity Name BEACON AIR & HEAT, INC.			
Principal Place of Business 413 QUAIL ROOST DRIVE INVERNESS, FL 34453		Mailing Address 413 QUAIL ROOST DRIVE INVERNESS, FL 34453	
2. Principal Place of Business 8178 N. Wiley Post Way Suite, Apt. #, etc.		3. Mailing Address 8178 N. Wiley Post Way Suite, Apt. #, etc.	
City & State Hernando, FL		City & State Hernando, FL	
Zip 34442	Country USA	Zip 34442	Country USA
4. FEI Number 20-0478926		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DICKINSON, CYNTHIA J 413 QUAIL ROOST DRIVE INVERNESS, FL 34453		7. Name and Address of New Registered Agent Name: Tamara L. Robey Street Address (P.O. Box Number is Not Acceptable): 8178 N. Wiley Post Way City: Hernando, FL Zip Code: 34442	
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: <i>[Signature]</i> DATE: 7/16/04			
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME: DICKINSON, DANIEL G STREET ADDRESS: 413 QUAIL ROOST DRIVE CITY-ST-ZIP: INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DICKINSON, CYNTHIA J STREET ADDRESS: 413 QUAIL ROOST DRIVE CITY-ST-ZIP: INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE: Secretary NAME: Ed messer STREET ADDRESS: 8178 N. wiley post way CITY-ST-ZIP: Hernando, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Tamara L. Robey STREET ADDRESS: 8178 N. Wiley Post Way CITY-ST-ZIP: Hernando, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: <i>[Signature]</i>		DATE: 7/16/04	DAYTIME PHONE: 352-726-7533