

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91026 045 ***150.00

DOCUMENT # P02000043974

1. Entity Name
ALPINE AIR CONDITIONING & HEATING, INC.



Principal Place of Business
**18477 WINTER HAVEN ROAD
FORT MYERS, FL 33912**

Mailing Address
**18477 WINTER HAVEN ROAD
FORT MYERS, FL 33912**

44037106



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
90-0055487

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, PATRICK SR
18477 WINTER HAVEN ROAD
FORT MYERS, FL 33912**

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROBINSON, PATRICK SR.**
STREET ADDRESS **18477 WINTER HAVEN ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **P** ☒ Change ☐ Addition
NAME **Patrick Robinson Sr.**
STREET ADDRESS **18477 Winter Haven Rd**
CITY-ST-ZIP **Fort Myers FL 33912**

TITLE **D** ☐ Delete
NAME **ROBINSON, PATRICK JR.**
STREET ADDRESS **18477 WINTER HAVEN ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **V. P.** ☒ Change ☐ Addition
NAME **Patrick Robinson JR**
STREET ADDRESS **17373 E. Carnagle Cir.**
CITY-ST-ZIP **Fort Myers FL 33912**

TITLE **D** ☐ Delete
NAME **INGRAM, GARY E JR.**
STREET ADDRESS **9131 ASTER ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **S** ☒ Change ☐ Addition
NAME **Gary Ingram Jr**
STREET ADDRESS **9131 Aster Rd.**
CITY-ST-ZIP **Fort Myers FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daytime Phone #

Robinson
4/28/04 **X2394810940**