## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 190630** 

FILED Apr 21, 2004 Secretary of State

Entity Name: WESTBROOK AIR CONDITIONING & PLUMBING INC.

**Current Principal Place of Business: New Principal Place of Business:** 1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32855 **Current Mailing Address: New Mailing Address:** P.O. BOX 555459 ORLANDO, FL 32855 FEI Number: 59-0761330 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERLIN. CYNTHIA PETERLIN, CYNTHIA C 1411 S. ORANGE BLOSSOM TRAIL 1411 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 ORLANDO, FL 32805 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: CYNTHIA C. PETERLIN 04/21/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO ( ) Delete Title: () Change () Addition MATTHEWS, OWEN Name: Name: 2034 COVE TRAIL Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: FABER, CRAIG. Name: FABER, CRAIG 17 S. WESTMORELAND DR. 17 S. WESTMORELAND DR. Address: Address: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: ( ) Delete Title: () Change () Addition THURMAN, DAVID J Name: Name: 114 WATER OAK LANE Address: Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GLANCY, DANIEL, GLANCY, DANIEL Name: Name: Address: 210 NE TRIPLET DR Address: 210 NE TRIPLET DR City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32707 Title: Title: ( ) Delete () Change () Addition ROBERTS, JAMES Name: Name: 1748 COLEEN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition KEILING, KENTON S Name: Name: 1918 KIMBERWICKE CIRCLE Address: Address: City-St-Zip: City-St-Zip: OVIEDO, FL 32765

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: CYNTHIA C PETERLIN S 04/21/2004

CYNTHIA C PETERLIN, SECRETARY 1411 S. ORANGE BLOSSOM TRAIL ORLAND FL 32855

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