2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # 442831				FILED Feb 02, 2004 08:00 AM Secretary of State
,	R COOLING AND HEATIN	G, INC.		
Principal Place 1345 NE 4TH FORT LAUDI US		Mailing Address. 1710 S.W. 55TH AVE. PLANTATION FL 3331 US	7	e tarkista oktora otania ilailaa juuri uuri arante oktota arante arante arante arante arante aranteena ju naan
2. Principal Place of Business		3. Mailing Address	·····	
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-1496800 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certriticate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent
SMI	TH, THOMAS S.		 	ss (P.O. Box Number is Not Acceptable)
	0 S.W. 55TH AVE. NTATION FL 33317			
			City	FL Zip Code
8. The above	named entity submits this statemen	t for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	IONS OF registered agent.	gent and little if applicable (NOT	. Registered Agent signature requ	uired when roinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0 c Payable to Florida Departmen	•		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS A		. <u>11.</u> TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	SMITH, THOMAS S. 1710 SW 55TH AVE PLANTATION FL		NAME STREET ADDRESS CITY-SI-ZIP	(100000029574 02/04/04-80070-021 150.00
TIFLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, GRETA B. 1710 SW 55TH AVE PLANTATION FL	🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	📑 Change 🗌 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, THOMAS A 13061 S.W. 30 COURT DAVIE FL 33330	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 🗌 Additio
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, GRETA B. 1710 SW 55TH AVE PLANTATION FL	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🔲 Additio
of the cor	certify that the information supplied i on this report or supplemental report reportation or the receiver or trustee e , or on an attachment withten addre	mpowered to execute this report	as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the Information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 i

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