


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90035 027 ***150.00

DOCUMENT # 515990

1. Entity Name
 PORT ORANGE AIR CONDITIONING & HEATING, INC



Principal Place of Business Mailing Address

515C HERBERT STREET 515C HERBERT ST
 PORT ORANGE, FL 32139 US PORT ORANGE, FL 32139 US

DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1697007 Not Applicable

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

6. Name and Address of Current Registered Agent

TROUP, ROBERT G.
 4343-A RIDGEWOOD AVE
 PORT ORANGE, FL 32127

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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 _____ (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

TITLE	P
NAME	KEANE, ANTHONY P.
STREET ADDRESS	615 POWERS AVE
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	V
NAME	POULIN, LAURIER T.
STREET ADDRESS	5520 MAGNOLIA AVE
CITY-ST-ZIP	HARBOR OAKS, FL
TITLE	ST
NAME	KEANE, ROCHELLE J.
STREET ADDRESS	615 POWERS AVE.
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Anthony P. Keane Anthony P. Keane, PSTD 03/11/04 (386) 761-6690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #