AMENDED 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1.25 ن - د د ل 90998 04-26-2004 ANNUAL REPORT (AR) F. | | 665023 **DOCUMENT # 665023** OL HAY ID PH 6: 20 BRADLEY HEATING & AIR CONDITIONING, INC. believe in a conde TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 200 BUSINESS PARK WAY, SUITE A ROYAL PALM BEACH FL 33411 200 BUSINESS PARK WAY, SUITE A ROYAL PALM BEACH FL 33411 უყენიაიი 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1983507 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADLEY, ROBERT T. 1194 PINE VALLEY DRIVE Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33414 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Defete TITLE BRADLEY, ROBERT T. NAME NAME STREET ADDRESS 1194 PINE VALLEY DR. STREET ADDRESS W. PALM BEACH FL C(TY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITLE ☐ Addition TITLE BRADLEY, SHARON L. NAME Bradley, Sharon L. NAME 1194 PINE VALLEY DR. STREET ADDRESS STREET ADDRESS 1194 Pine Valley Drive W. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP Wellington, Florida 33414-6004 . □ . Defete . TITLE Change _ _ Addition Vice-President NAME MAME John L. Minor STREET ADDRESS STREET ADDRESS 1060 Egret Circle North CITY-ST-ZIP CITY-SI-ZIP Jupiter, Florida 33458 ☐ Dalete TITLE ☐ Change ☐ Addition nn F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ACCRESS 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 it 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

Secretary, Director

NG OFFICER OR DIRECTOR

April 20, 2004

Daytime Phone #