


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005656</b> 1. Entity Name <b>B &amp; F HARRISON HEATING &amp; AIR INC</b>	
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Principal Place of Business <b>119 E MAIN STREET HARTFORD, AL 36344</b>	Mailing Address <b>119 E MAIN STREET HARTFORD, AL 36344</b>
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**DO NOT WRITE IN THIS SPACE**



06072004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>63-1112577</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**HARRISON, CARMEN  
3005-A MAIN STREET  
VERNON, FL 32462**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD HARRISON, BARRY 12580 EAST COUNTY ROAD 4 HARTFORD, AL 36344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD HARRISON, CARMEN 12580 EAST COUNTY ROAD 4 HARTFORD, AL 36344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARRISON, DELMAR 2589 N STATE HIGHWAY 123 HARTFORD, AL 36344
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/28/04-80003-003 150.00

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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: Delmar Harrison DELMAR HARRISON 6-22-04 334-588-3090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #