


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90024 016 ***150.00

DOCUMENT # F64704	
1. Entity Name ROD'S HEATING AND AIR CONDITIONING, INC.	

Principal Place of Business 2559 WEBB AVE. #1 DELRAY BEACH FL 33444 US	Mailing Address 2559 WEBB AVE. #1 PO BOX 3526 DELRAY BEACH FL 33444 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2559 Webb Ave #1 Suite, Apt. #, etc.
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City & State Delray Bch. FL	4. FEI Number 59-2166712
Zip 33444	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent HILLEGAS, RODNEY E 1272 NW 15TH STREET BOCA RATON FL 33486	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HILLEGAS, ELIZABETH 1272 NW 15 STREET BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HILLIGAS, RODNEY E 1272 NW 15 STREET BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rodney E. Hillegas **RODNEY E. Hillegas** 2-20-4 561-278-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #