

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90070 028 \*\*\*150.00

<b>DOCUMENT # F98000004240</b>	
1. Entity Name <b>PIEDMONT FAN DYNAMICS INC.</b>	

Principal Place of Business <b><del>1203 N. MC MULLEN BOOTH</del> CLEARWATER, FL 33759</b>	Mailing Address <b><del>1203 N. MC MULLEN BOOTH</del> CLEARWATER, FL 33759</b>
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2. Principal Place of Business <b>1954 Lake Av. SE</b> Suite, Apt. #, etc.	3. Mailing Address <b>3139 Shoreline Dr.</b> Suite, Apt. #, etc.
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City & State <b>Largo, FL</b>	City & State <b>Clearwater, FL</b>
Zip <b>33771</b>	Zip <b>33760</b>
Country <b>USA</b>	Country <b>USA</b>

03242005 Chg-P CR2E034 (10/03)

4. FEI Number  
**56-1858268**

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



**6. Name and Address of Current Registered Agent**

**HEAD, THOMAS E**  
~~1203 N. MCMULLEN BOOTH~~  
 CLEARWATER, FL 33759

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3139 Shoreline Dr.**

City **Clearwater** FL Zip Code **33760**

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: Thomas E Head **THOMAS E HEAD PRESIDENT** DATE: 3/25/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HEAD, THOMAS E <del>1203 N. MCMULLEN BOOTH</del> <del>CLEARWATER, FL 33759</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVST HEAD, DORA L 1700 NATCHEZ TRACE GREENSBORO, NC 27455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3139 Shoreline Dr. Clearwater, FL 33760	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas E Head **THOMAS E HEAD** DATE: 3/25/05 (727) 458-5446

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