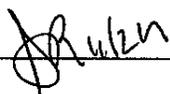
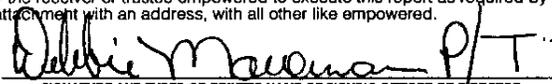


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G00869 1. Entity Name ARTIC AIR CONDITIONING & HEATING, INC.			FILED 04 NOV 18 PM 2:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
Principal Place of Business % JAMES T. MAUERMANN 6640 MASSACHUSETTS DR. LANTANA, FL 33462		Mailing Address % JAMES T. MAUERMANN 6640 MASSACHUSETTS DR. LANTANA, FL 33462	
2. Principal Place of Business 712 N.E. 10th AVE Suite, Apt. #, etc.		3. Mailing Address 712 NE 10th AVE Suite, Apt. #, etc.	
City & State Boynton Beach, Fla Zip 33435		City & State Boynton Beach, Fla Zip 33435	
Country PAIM BEACH		Country PAIM BEACH	
4. FEI Number 59-2237265		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAUERMANN, JAMES T. 6640 MASSACHUSETTS DR. LANTANA, FL 33462		7. Name and Address of New Registered Agent Name Debbie Mauermann Street Address (P.O. Box Number is Not Acceptable) 712 N.E. 10th AVE City Boynton Beach FL Zip Code 33435	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input checked="" type="checkbox"/> Delete NAME MAUERMANN, JAMES T STREET ADDRESS 6640 MASSACHUSETTS DR CITY-ST-ZIP LANTANA, FL 00000	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME P/T DEBBIE MAUERMANN STREET ADDRESS 712 NE 10th AVE CITY-ST-ZIP BOYNTON BEACH FLA 33435	TITLE DV <input checked="" type="checkbox"/> Delete NAME MAUERMANN, SALLY A STREET ADDRESS 6640 MASSACHUSETTS DR CITY-ST-ZIP LANTANA, FL 00000	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME V/D ROGER MAUERMANN STREET ADDRESS 712 NE 10th AVE CITY-ST-ZIP BOYNTON BEACH FLA 33435
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 100042865211 11/18/04--01027--007 **\$61.25	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 100042865211 11/18/04--01027--008 **\$8.75
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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 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: 		Date 15 NOVEMBER 2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	