

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90075 032 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # H18747			
1. Entity Name DEPRIEST AIR CONDITIONING & HEATING, INC.			
Principal Place of Business 340 HWY 17 S. E. PALATKA FL 32131		Mailing Address 340 HWY 17 S. E. PALATKA FL 32131	
2. Principal Place of Business 342 Hwy 17 S.		3. Mailing Address 342 Hwy 17 S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State EAST PALATKA, FL.		City & State EAST PALATKA, FL.	
Zip 32131	Country USA	Zip 32131	Country
6. Name and Address of Current Registered Agent DEPRIEST, BARRY 7724 A1A SOUTH ST AUGUSTINE FL 32086		7. Name and Address of New Registered Agent Name Depriest, BARRY Street Address (P.O. Box Number is Not Acceptable) 7891 A1A South City St. Augustine FL Zip Code 32080	
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  DATE 1-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEPRIEST, JACK 340 HWY 17 S. E. PALATKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Depriest, JACK 342 Hwy 17 S. E. Palatka, FL. 32131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEPRIEST, BARRY 7724 A1A S. SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Depriest, BARRY 7891 A1A South St. Augustine, FL. 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEPRIEST, DELORES P.O. BOX 516 CENTRAL AVE SAN MATEO FL 32187 <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	2V DEPRIEST, STEVEN 340 HWY 17 S. EAST PALATKA FL 32131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V Depriest, Steven 342 Hwy 17 S. EAST Palatka, FL. 32131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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: Deloris J. Depriest - Deloris J. Depriest **1-28-04** **386-328-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #