

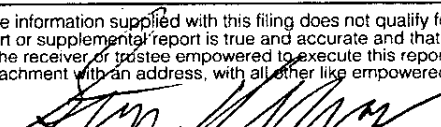


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90179 027 \*\*\*150.00

<b>DOCUMENT # H88343</b> 1. Entity Name <b>DISCOUNT AIR CONDITIONING &amp; HEATING SERVICES INC.</b>					
Principal Place of Business <b>1406 N. ARMENIA AVE TAMPA FL 33607 US</b>				Mailing Address <b>1406 N. ARMENIA AVE TAMPA FL 33607 US</b>	
2. Principal Place of Business <b>4013 W LINEBAUGH AVE</b> Suite, Apt. #, etc. <b>#104</b> City & State <b>TAMPA, FL</b> Zip <b>33624</b>		3. Mailing Address <b>4013 W LINEBAUGH AVE</b> Suite, Apt. #, etc. <b>#104</b> City & State <b>TAMPA, FL</b> Zip <b>33624</b>		 MOORE CR2E034 (11/03)	
4. FEI Number <b>59-2745926</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 <b>TAUCHER, STEVEN E 1406 N. ARMENIA AVE TAMPA FL 33607</b>	
7. Name and Address of New Registered Agent Name <b>STEVEN E. TAUCHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>4013 W LINEBAUGH AVE.</b> <b>#104</b> City <b>TAMPA</b>				FL Zip Code <b>33624</b>	
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 _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAUCHER, STEVEN E 1406 N. ARMENIA AVE TAMPA FL 33607	<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"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2/10/04</b> Daytime Phone # <b>813-877-2665</b>					