

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # J37291 1. Entity Name ARD HEATING & AIR, INC.	
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Principal Place of Business 3079 GODWIN LANE PENSACOLA, FL 32526 US	Mailing Address 3079 GODWIN LANE PENSACOLA, FL 32526 US
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2452659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARD, DARRYL H
 5403 SAUFLEY FIELD RD
 PENSACOLA, FL 32526

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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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARD, DARRYL H 5403 SAUFLEY FIELD RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARD, CURT D 5403 SAUFLEY FIELD RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARD, BONNIE J 5403 SAUFLEY FIELD RD PENSACOLA, FL 32526
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 04/09/04-80011-005 150.00

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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)(f), 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 empowers.

SIGNATURE: *[Signature]* _____ Date: *3-15-04* Daytime Phone #: *Trust.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR