


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J37291**  
 1. Entity Name  
**ARD HEATING & AIR, INC.**



Principal Place of Business: **3079 GODWIN LANE PENSACOLA, FL 32526 US**  
 Mailing Address: **3079 GODWIN LANE PENSACOLA, FL 32526 US**

**DO NOT WRITE IN THIS SPACE**



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number **74-2452659** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARD, DARRYL H**  
**5403 SAUFLEY FIELD RD**  
**PENSACOLA, FL 32526**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
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	PD
NAME	ARD, DARRYL H
STREET ADDRESS	5403 SAUFLEY FIELD RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	V
NAME	ARD, CURT D
STREET ADDRESS	5403 SAUFLEY FIELD RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	T
NAME	ARD, BONNIE J
STREET ADDRESS	5403 SAUFLEY FIELD RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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: *Darryl H. Ard* **3/24/05** **904-944-7210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #