


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90008 012 ***155.00

| | |
|--|---|
| DOCUMENT # J85310 |  |
| 1. Entity Name SOUTHLAND HEATING & COOLING, INC. | |

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|---|---|
| Principal Place of Business 7644 62 ST N PINELLAS PARK FL 33781 | Mailing Address 7644 62 ST N PINELLAS PARK FL 33781 |
|---|---|

54026089



MOORE CR2E034 (11/03)

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|---|--|
| 4. FEI Number 59-2837994 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| KRIETER, CHRISTIAN M SR. 7644 62ND STREET N PINELLAS PARK FL 33781 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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, 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 | |
|--|-----------------------|
| TITLE <input checked="" type="checkbox"/> PD <input type="checkbox"/> Delete | KRIETER, CHRISTIAN M. |
| NAME | 7644 62ND ST N |
| STREET ADDRESS | PINELLAS PARK FL |
| CITY-ST-ZIP | |
| TITLE <input checked="" type="checkbox"/> V <input type="checkbox"/> Delete | KRIETER, SANDRA |
| NAME | 7644 62ND ST. N. |
| STREET ADDRESS | PINELLAS PARK FL |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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"/> Change <input type="checkbox"/> Addition | |
| 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: Christian M KRIETER *Chm Krieh 4/1/04* 727-3977 841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #