


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90071 015 ***150.00

DOCUMENT # K76900
 1. Entity Name
TEMPMASTER HEATING AND COOLING, INC.



Principal Place of Business Mailing Address
1920 N GOLDENROD RD **1920 N GOLDENROD RD**
ORLANDO, FL 32807 US **ORLANDO, FL 32807 US**

2. Principal Place of Business 3. Mailing Address
199 N GOLDENROD RD **199 N GOLDENROD RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE B **SUITE B**

City & State City & State
ORLANDO FL **ORLANDO FL**

Zip Country Zip Country
32807 **US** **32807** **US**



01062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2964601 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GARCIA, JORGE L
9113 PALOS VERDE DR
ORLANDO, FL 32825

7. Name and Address of New Registered Agent
 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 **1/7/04**
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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GARCIA, JORGE
STREET ADDRESS	9113 PALOS VERDE DR
CITY- ST- ZIP	ORLANDO, FL
TITLE	D <input type="checkbox"/> Delete
NAME	SACCONE, JOHN S.
STREET ADDRESS	155 LIME AVE
CITY- ST- ZIP	WELAKA, FL
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: *John S Saccone* **JOHN S SACCONE** **1/7/04** **407-282-7903**
Signature and typed or printed name of signing officer or director Date Daytime Phone #