

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90231 017 *****55.00

DOCUMENT # L03000047220

1. Entity Name

HOME COMFORT INDUSTRIES, LLC



Principal Place of Business

1033 ARRAN ROAD
CRAWFORDVILLE FL 32327

Mailing Address

1033 ARRAN ROAD
CRAWFORDVILLE FL 32327

24006483



MOORE

CR2E083 (11/03)

2. Principal Place of Business

1033 ARRAN ROAD

Suite, Apt. #, etc.

3. Mailing Address

1033 ARRAN ROAD

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FL

City & State

CRAWFORDVILLE FL

Zip

32327

Country

FLORIDA

Zip

32327

Country

FLORIDA

4. FEI Number

90-0123796

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUIGG, DOUGLAS W
1033 ARRAN ROAD
CRAWFORDVILLE FL 32327

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
QUIGG, DOUGLAS W
1033 ARRAN ROAD
CRAWFORDVILLE FL 32327

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Douglas W. Quigg

01-29-04

(850)926-5790