


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
3 Apr 14, 2005 8:00 am
Secretary of State

03-21-2005 90535 045 ****50.00

DOCUMENT # L03000053634			
1. Entity Name CALLAWAY HEATING AND COOLING, LLC			
Principal Place of Business 1844 HADDOCK ROAD YULEE, FL 32097 US		Mailing Address 1844 HADDOCK ROAD YULEE, FL 32097 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CALLAWAY, TERRY L 1382 YULEE HILLS RD YULEE, FL 32097-US		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALLAWAY, TERRY L 1844 HADDOCK ROAD YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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 60B, Florida Statutes.			
SIGNATURE: <i>Terry L Callaway</i>		Date: <i>1/20/05</i> Cell: <i>(904) 251-5139</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	



01202005 Chg-LLC CR25083 (10/03)

4. FEI Number **37-1481228** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required