

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90037 004 ***150.00

DOCUMENT # L03562

1. Entity Name

FLORIDA HEAT & AIR INC.



Principal Place of Business

%LYNN A. WAGNER
19330 DURRANCE ROAD
N. FT. MYERS FL 33917

Mailing Address

%LYNN A. WAGNER
19330 DURRANCE ROAD
N. FT. MYERS FL 33917

2. Principal Place of Business

5611 Zip Drive, #1

3. Mailing Address

5611 Zip Drive, #1

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33905

Country

Lee

Zip

33905

Country

Lee

4. FEI Number

65-0136234

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, LYNN A.
19330 DURRANCE ROAD
N. FT. MYERS FL 33917

7. Name and Address of New Registered Agent

Name

DEBRA KLINGENSMITH

Street Address (P.O. Box Number is Not Acceptable)

5611 Zip Drive

Unit #1

City

Fort Myers

FL

Zip Code

33905

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

Debra Klingensmith

April 12, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, LYNN A.	
STREET ADDRESS	19330 DURRANCE ROAD	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATRICIA L. GARDNER	
STREET ADDRESS	910 S.W. 3RD AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KLINGENSMITH, DEBRA J	
STREET ADDRESS	415 BAMBOO DR.	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
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	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN W. KLINGENSMITH	
STREET ADDRESS	415 Bamboo Drive	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE	Director/Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia L. Gardner	
STREET ADDRESS	3806 SW 5th Avenue	
CITY-ST-ZIP	Cape Coral, FL 33914	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia L. Gardner April 12, 2004

Date

(239) 694-7900

Daytime Phone #