


04-05-2004 90018 035 ***150.00

| | | | | | |
|---|---------------------|--|---|---|-----------------------------------|
| DOCUMENT # L37858 | |  | | Secretary of State | |
| 1. Entity Name KEN'S HEATING & AIR CONDITIONING, INC. | | 04-05-2004 90018 035 ***150.00 | | | |
| Principal Place of Business C/O KEN G. SCHULTZ 1605 S RIVERSIDE DRIVE EDGEWATER FL 32132 | | Mailing Address C/O KEN G. SCHULTZ 1605 S RIVERSIDE DRIVE EDGEWATER FL 32132 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 58-2989766 AP-PLIED FOR <input checked="" type="checkbox"/> 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 SCHULTZ, KEN G. 1605 S RIVERSIDE DR EDGEWATER FL 32132 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHULTZ, KEN G. | | NAME | | |
| STREET ADDRESS | 1605 S RIVERSIDE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | EDGEWATER FL | | CITY-ST-ZIP | | |
| TITLE | DST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHULTZ, PEGGY A. | | NAME | | |
| STREET ADDRESS | 1605 S RIVERSIDE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | EDGEWATER FL | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHULTZ, KEVIN M. | | NAME | | |
| STREET ADDRESS | 3304 TRAVELERS PALM | | STREET ADDRESS | | |
| CITY-ST-ZIP | EDGEWATER FL | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHULTZ, KEITH G. | | NAME | | |
| STREET ADDRESS | 2549 CRESTWOOD AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u>Peggy Schultz</u> PEGGY SCHULTZ DST 4-2-04 386-427-4918 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |