

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90436 006 \*\*\*150.00

**DOCUMENT # M88803**

1. Entity Name

ELLIS HEATING AND COOLING, INC.



Principal Place of Business

3910 WATER OAK DR  
LAKELAND FL 33810  
US

Mailing Address

3910 WATER OAK DR  
LAKELAND FL 33810  
US

2. Principal Place of Business

3. Mailing Address

Ellis Heating & Cooling, Inc 3910 Water Oak Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3910 Water Oak Dr.

City & State

City & State

Lakeland, FL 33810

Lakeland, FL 33810

Zip

Country

Zip

Country

33810

Polk

33810

Polk

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKBURN, ROSIE L.  
3910 WATER OAK DR  
LAKELAND FL 33810

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

*Rosie L. Blackburn*

Rosie L. Blackburn 4/14/04

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	D	<input type="checkbox"/> Delete
NAME	BLACKBURN, WILLIAM E.	
STREET ADDRESS	3910 OAK DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKBURN, ROSIE L.	
STREET ADDRESS	3910 OAK DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKBURN, DAVID	
STREET ADDRESS	1930 W SOCRUM LOOP	
CITY-ST-ZIP	LAKELAND 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		
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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:** *Rosie L. Blackburn* Rosie L. Blackburn 4/14/04 (863) 858-7743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #