

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90045 018 ***158.75

DOCUMENT # P00000035435

1. Entity Name

BILL HERD AIR CONDITIONING INC.



Principal Place of Business

2620 11TH STREET
ST. CLOUD FL 34769

Mailing Address

2620 11TH STREET
ST. CLOUD FL 34769

2. Principal Place of Business

1725 MC MICHAEL RD
Suite, Apt. #, etc.

3. Mailing Address

1725 MC MICHAEL RD
Suite, Apt. #, etc.

City & State

ST. CLOUD FL

City & State

ST. CLOUD FL

Zip

34771

Country

OSCEOLA

Zip

34771

Country

OSCEOLA

4. FEI Number

59-3644860

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERD, BILL
2620 11TH STREET
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

BILL HERD

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

1725 MC MICHAEL RD

City

ST. CLOUD

FL

Zip Code

34771

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/04

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 PVTS ☐ Delete
NAME HERD, BILL
STREET ADDRESS 2620 11TH ST
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVTS ☒ Change ☐ Addition
NAME HERD, BILL
STREET ADDRESS 1725 MC MICHAEL RD
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILL N. HERD PRES.

2/9/04

Date

607-891-2816

Daytime Phone #