P5/100

2005 FOR PROFIT CORPORATION

Zip Country 3 29 CU USA 329 CU USA 5. Certificate of Status Desired	r.	REINSTA	TEMENT	^ ~ <u></u>		·	CII E	D		
Principal Place of Business 700 JOHN ROADS BLVD B-8 RELBOURNE, FL 32904  2. Principal Place of Susiness 700 JOHN ROADS BLVD B-8 RELBOURNE, FL 32904  2. Principal Place of Susiness 700 S. John Rodes Blvd Sule, Apr. R. C. Sule, A	DOCUMENT # P00000046078					J FILE PH 15: 10				
Principal Place of Business 700 IOHN ROADS BLVD 8-8 WELBOURNE, FL 32904  2. Principal Place of Business 700 S. John Rodes Blvd 9-8 Sule, Apt. R. C. Sule, Apt.					05 JAN 28 STATEN					
B.8 MELBOURNE, FL 32904  MOTOD S. John Rodes Blud  Suite, Apt. #, etc.  MS. S. Mailing Address  TOD S. John Rodes Blud  Suite, Apt. #, etc.  MS. S. Mailing Address  Suite, Apt. #, etc.  MS. S. Mailing Address  MS. Sale  MS. Country  MARCELLE, ROBERT C  MATCH  MATCH  MATCH  MS. Mailing Address of New Registered Agent  March  March  MARCELLE, ROBERT C  MS. Mailing Address of New Registered Agent  MS. Mailing Address of New Registered Agent  MS. Sale  MARCELLE, ROBERT C  MS. Mailing Address of New Registered Agent  MATCH  MS. Mailing Address of New Registered Agent  MS. Mailing Ad				1 64			CFCKE I AN	SEE, FLORIL	ЭН	
B.8 MELBOURNE, FL 32904  MOTOD S. John Rodes Blud  Suite, Apt. #, etc.  MS. S. Mailing Address  TOD S. John Rodes Blud  Suite, Apt. #, etc.  MS. S. Mailing Address  Suite, Apt. #, etc.  MS. S. Mailing Address  MS. Sale  MS. Country  MARCELLE, ROBERT C  MATCH  MATCH  MATCH  MS. Mailing Address of New Registered Agent  March  March  MARCELLE, ROBERT C  MS. Mailing Address of New Registered Agent  MS. Mailing Address of New Registered Agent  MS. Sale  MARCELLE, ROBERT C  MS. Mailing Address of New Registered Agent  MATCH  MS. Mailing Address of New Registered Agent  MS. Mailing Ad	Principal Plac	ce of Business	Mailing Address				TALLAHA	332		
MELBOURNE, FL 32904  MELBOURNE, FL 32904  MELBOURNE, FL 32904  A Principal Place of Business  700 S. John Rodes Blud  3. Mailing Address  8. A FEI Number  59-3646914  4. FEI Number  59-3646914  7. Name and Address of New Registered Agent  Name  Sireet Address of New Registered Agent  Name  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. i am familiar with, and acceptable blue and the obligations of registered agent.  City  FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent. or both, in the State of Florida. i am familiar with, and acceptable blue and the purpose of changing its registered agent algulation registered agent.  City  FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent agent and the name and address of New Registered Agent  Name  Signature  FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent agent agent and the name and address of New Registered Agent  The Address (P.O. Box Numbers is Not Acceptable)  City  FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent agent agent and the name and address of New Registered Agent  The Address of New Registered Agent  The Address of New Registered Agent  The Address of New Register		OADS BLVD					•			
Sulic Apt. #, etc.		E, FL 32904		1			IIII IINII IIII IIII IIII		III (II) III)	
Sulfe, Apt. #, etc. Sulfe,				<u> </u>	O					
City & State   Country   Say   Say   Country   Say   S	Suite, Apt. #, etc. Suite, Apt. #, etc.			Kodes	Blud	04072005	DCIN D	CD05000 (0)	0.4)	
Section   Sect		to						CR2E098 (6/	·	
5. Certificate of Status Desired	Melbourne, the Melbourn								Not Applicable	e
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    ITILE   MARCELLE, ROBERT C   MARCELLE, ROBE					1	5. Certificate of	of Status Desired			
MARCELLE, RÖBERT C 441 CYPRESS ST INDIALANTIC, FL 32903  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATUR						7. Name and A	Address of New Ro	egistered Agent		╛
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  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  Change  Addition  Addition  Addition  Addition  SIREET ADDRESS  CITY-ST-ZIP  Change  Addition  Addi	MARCELL	E, ROBERT C		Nai	me		• •			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OPPLIES SPOOLOD  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  OFFICERS ST  INDIALANTIC, FL 32903  OR STREET ADDRESS  CITY-ST-ZP  INDIALANTIC, FL 32903  OR STREET ADDRESS  CITY-ST-ZP	441 CYPRESS STREET				et Address (f	P.O. Box Number	is Not Acceptable	)		7
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOWILL FEE IS \$900.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE  NAME  MARCELLE, ROBERT C  WARE AND DIRECTORS OF INTERPRETADRESS CITY-ST-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP								•		7
SIGNATURE							<del></del>		•	7
FILE NOW!!! FEE IS \$900.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MARCELLE, ROBERT C  441 CYPRESS ST  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered offi	ce or register	ed agent, or both	, in the State of Flor	rida. I am familiar v	vith, and accept	7
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MARCELLE, ROBERT C  STREET ADDRESS CITY-ST-ZIP  TITLE  MARCELLE, ROBERT C  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	SIGNATURE	Shattyle, typed or printed value of registered agent a	nd title if applicable. (NOTE:				1-1	<u> </u>		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P Delete TITLE NAME MARCELLE, ROBERT C STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL 32903  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				H	FINIS	II ALA EL DE	الأنافة مدينا	51/		$\dashv$
TITLE P Delete TITLE NAME NAME MARCELLE, ROBERT C STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	FII	LE NOW!!! FEE IS \$900.00		D Å	ال الالالاط	0000	iade na i	04-	00	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHARGE Addition  Charge Addition  Addition		· · · · · · · · · · · · · · · · · · ·			<del></del>	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECT	ORS IN 11	_
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	□ Delete					☐ Chan	ge 🔲 Addition	'
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  U1/13/0501052012 ***300 .00  **300 .00  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP				STREET ADDR	ESS					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM		INDIALANTIC, FL 32903		1			maar		<del></del>	4
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP			LI Delete			01/13/	'OS01052-	·~~。* * * * ***31	ge     Addition   ]	1
TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGE Addition  CHANGE					ESS				·1	HR
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			☐ Delete				***	Chan	oe 🗆 Addition	_
CITY-ST-ZIP CITY-ST-ZIP										
					ESS					
	TITLE		☐ Delete	TITLE	-		·	☐ Chan	ge 🔲 Addition	,
NAME NAME STREET ADDRESS STREET ADDRESS			•	_	ESS .			-		
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					-				
TITLE Defete TITLE Change Addition			☐ Delete					☐ Chan	ge 🔲 Addition	
STREET ADDRESS STREET ADDRESS					ESS					
CITY-ST-ZIP CITY-ST-ZIP										_
TITLE Delete TITLE Change Addition  NAME			L Delete					☐ Chan	ge 🔲 Addition	
STREET ADDRESS STREET ADDRESS	STREET ADDRESS			STREET ADDR	ESS					
CITY-ST-ZIP		pertify that the information supplied with t	his filing does not qualify for		stated is C	tion 110 02(0)(0)	Clearly Co. 1	t at		_
The exemption stated in Statutes. I further certify that the information indicated on this report or supplied with this tirrile and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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	marcarea	On this report or suppliemental report is t	rue and accurate and that my	eignature ch	all have the c	ama logal offoct :	ac if made under ea	sthi that I am an affi		



700 S. John Rodes Blvd. Unit B-8 Melbourne, FL 32904 Corporate 321-722-2111 Fax 321-722-2350 e-mail: comfortexperts@earthlink.net

> Indian River County 561-231-2449 North Brevard 321-268-8663

January 24, 2005

TO WHOM IT MAY CONCERN,

DUE TO AN OVERSIGHT FROM THE LAST REPORT, WE HAVE NOT RECEIVED THE ORIGINAL AND/OR THE SECOND NOTICE OF THE ANNUAL REPORT/REINSTATEMENT. THE ADDRESS WAS WRONG ON THE REPORT. PLEASE ACCEPT THIS LETTER OF REQUEST TO WAIVER THE LATE FEES. THANK YOU.

ROBERT MARCELLE PRESIDENT

COMFORT EXPERTS USA, INC