

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053715

FILED
Mar 16, 2004
Secretary of State

Entity Name: GULFSOUTH HEATING & COOLING, INC.

Current Principal Place of Business:

2590 17 STREET STE K
SARASOTA, FL 34234

New Principal Place of Business:

2590 17 STREET STE V
SARASOTA, FL 34234

Current Mailing Address:

2590 17 STREET STE K
SARASOTA, FL 34234

New Mailing Address:

2590 17 STREET STE V
SARASOTA, FL 34234

FEI Number: 65-1018231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALKINS, WALT
1968 ROLLING GREEN CIRCLE
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALKINS, WALTER
Address: 1968 ROLLING GREEN CIR.
City-St-Zip: SARASOTA, FL 34240

Title: V () Delete
Name: EVANS, BRAD
Address: 5028 SILK OAK DR
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT CALKINS

P

03/16/2004

Electronic Signature of Signing Officer or Director

_____ Date