



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91251 016 ***150.00

DOCUMENT # P00000058785 1. Entity Name ADVANCED AIR CONDITIONING & HEATING INC.					
Principal Place of Business 6785 SONG DRIVE COCOA, FL 32927			Mailing Address 12 E. TOWNE PLACE TITUSVILLE, FL 32796		
2. Principal Place of Business 3375 Orlando Ave. Suite, Apt. #, etc.		3. Mailing Address 3375 Orlando Ave. Suite, Apt. #, etc.			
City & State Mims, Fl.		City & State Mims, Fl.		4. FEI Number 59-3390762	
Zip 32754		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, THOMAS J. 12 E. TOWNE PL. TITUSVILLE, FL 32796				7. Name and Address of New Registered Agent Name Murray, Thomas J. Street Address (P.O. Box Number is Not Acceptable) 3375 Orlando Ave. City Mims FL Zip Code 32754	
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 <i>Thomas Murray</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Thomas J. Murray <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-28-04 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURRAY, THOMAS J JR 12 E. TOWNE PL TITUSVILLE, FL 32796		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Murray, Thomas J. Jr. 3375 Orlando Ave. , Mims, Fl. 32754	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Thomas Murray</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Thomas J. Murray, President		4-28-04 (321) 639-6726 <small>Date Daytime Phone #</small>	