

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/15/

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90037 001 \*\*\*150.00

<b>DOCUMENT # P00000078791</b> 1. Entity Name <b>CLIMATE ENGINEERS, INC.</b>					
Principal Place of Business <b>KUR-STAR CENTER 8150 LONE STAR ROAD JACKSONVILLE FL 32211</b>			Mailing Address <b>KUR-STAR CENTER 8150 LONE STAR ROAD JACKSONVILLE FL 32211</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3665213</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAX.CO. % MAUREEN M. HAZEN 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE FL 32202</b>				Name <b>TODD WATSON, Attorney at Law</b> Street Address (P.O. Box Number is Not Acceptable) <b>7785 Baymeadows Way, Suite 107</b> City <b>JACKSONVILLE</b> FL <b>32256</b>	
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  DATE <b>3/25/04</b> <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAIR, KENNETH L 2958 BALILWOODS DRIVE MIDDLEBURG FL 32068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, VP AND S NYGREN, HARVARD 2821 SCOTT CIRCLE JAX, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NYGREN, HARVARD 2821 SCOTT CIRCLE JACKSONVILLE FL 32223 <input checked="" 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	S HAIR, RAMONA 2958 BACKWOODS DRIVE MIDDLEBURG FL 32068 <input checked="" 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			3-11-04 904/568.1401 <small>Date Daytime Phone #</small>		