

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013616

FILED
Jan 06, 2004
Secretary of State

Entity Name: HIGGINSON'S A/C SERVICE INC.

Current Principal Place of Business:

5314 YATES RD
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

5314 YATES RD
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 59-3697705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINSON, THOMAS M
5314 YATES ROAD
LAKELAND, FL 33811 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: HIGGINSON, THOMAS
Address: 5314 YATES RD
City-St-Zip: LAKELAND, FL 33811

Title: VST () Delete
Name: HIGGINSON, SHARON
Address: 5314 YATES RD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HIGGINSON, THOMAS M
Address: 5314 YATES RD
City-St-Zip: LAKELAND, FL 33811

Title: VST (X) Change () Addition
Name: HIGGINSON, SHARON M
Address: 5314 YATES RD
City-St-Zip: LAKELAND, FL 33811

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: THOMAS M. HIGGINSON

P

01/06/2004

Electronic Signature of Signing Officer or Director

Date