## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Jan 21, 2005 08:00			
DOCUMENT # P01000040156				]	Se	cretary of St	ate
1. Entity Nam	ne IEATING & AIR CONDITIONIN						
		G, IIYO.					
Principal Plac	e of Business	Mailing Address		]			
	AN OAKS DRIVE	11119 INDIAN OAKS DRIVE					
TAMPA, FL	33023	TAMPA, FL 33625					
<del></del>			ii m <u></u>				
				01142005 No Chg-P CR2E034 (10/03)			
	OO NOT WRITE I	N THIS SPA	CE	4. FEI Numb		Applied F	
				59-370	00801	Not Appli	
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Reg	Istered Agent			43 - 1364 Grant Contraction		,
	JEZ, ANGEL M			DO	NOT W	DITE	• 1-
11119 INDIAN OAKS DRIVE TAMPA, FL 33625							
(7 11411 7 3, 1	2 33023		}	—IN <sup>-</sup>	THIS SP	PACE	
6. The above	named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, and ac	cept
the obligat	tions of registered agent.	· -		s	t engles and		
SIGNATURE_	Signature, typed or printed name of registered agent and the	ià if applicable (NOTE Registers	d Agent signature required	when reinstation		DATE	-·,
<del>'</del>							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees	<u> </u> 		
10.	OFFICERS AND DIR	ECTORS					- ·
TITLE NAME	PD RODRIGUEZ, ANGEL M		= -	AAA		200	• • •
STREET ADDRESS	11119 INDIAN OAKS DRIVE		j				
CITY-ST-ZIP	TAMPA, FL 33625				UDDAN	0187825	
TITLE	STD				<u> 101724705</u>	0187825 -80029-015 150.0	)()
NAME STREET ADDRESS	RODRIGUEZ, LINDA M 11119 INDIAN OAKS DRIVE						
CITY-ST-ZIP	TAMPA, FL 33625						
TITLE		<del></del>		<u> </u>	*	<u></u>	
NAME STREET ADDRESS							
CITY-ST-ZIP			ł	DO	NOT W	RITE	
TITLE	LE .			IN THIS SPACE			
NAME			Í	11.4	iinə ər	MUE	
STREET ADDRESS CITY-ST-ZIP			]				
TITLE				- toes			
NAME			l				
STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 regeiver of trustee emparated 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAPTURE AND TYPED OR PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR

Tow 15, 2005

(813)963-7700