

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90064 021 ***158.75

DOCUMENT # P01000064560
 1. Entity Name
 J & J AIR CONDITIONING & REFRIGERATION, INC.



Principal Place of Business Mailing Address
 416 E VENICE AVE 416 E VENICE AVE
 VENICE, FL 34292 VENICE, FL 34292

44033300

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1122634 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 T & H COMPTROLLERS, INC.
 312 E VENICE AVE STE 120
 VENICE, FL 34292

7. Name and Address of New Registered Agent
 Name T&H Comptrollers Inc.
 Street Ad 200 Capri Isles Blvd. Ste. 2
 Venice FL 34292
 City Code

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 *Ronald P. Hogarth* DATE 3-1-04

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LONSBURY, JEFFREY	
STREET ADDRESS	1025 PINELAND AVE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHILL, JON	
STREET ADDRESS	1425 PINE ST	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: *[Signature]* DATE: 3/24/04 DAYTIME PHONE: 941-650-1419