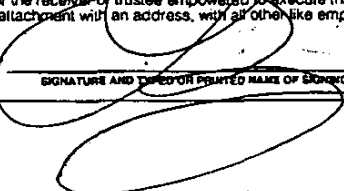


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-23-2005 90065 034 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000099533		
1. Entity Name STEWART HEATING & COOLING, INC.		
Principal Place of Business 540 VALLY VIEW TR MONTICELLO, FL 32344		Mailing Address 540 VALLY VIEW TR MONTICELLO, FL 32344
DO NOT WRITE IN THIS SPACE		
		02162005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3749611		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
DALZELL, LEIGH R 540 VALLEYVIEW TRAIL MONTICELLO, FL 32344		DO NOT WRITE IN THIS SPACE
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  Leigh R Dalzell Doc. 2 Filed 2-15-05 Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALZELL, LEIGH R 540 VALLEYVIEW TRAIL MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALZELL, STEWART IV 540 VALLEYVIEW TRAIL MONTICELLO, FL 32344	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(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:  Stewart Dalzell 2-11-05 340-3294 SIGNATURE AND PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #		