

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120392

FILED
Aug 30, 2004
Secretary of State

Entity Name: PERFECT-CLIMATE HEATING AND AIR CONDITIONING, INC.

Current Principal Place of Business:

11233-7 ST JOHNS IND PKWY
SUITE 7
JACKSONVILLE, FL 32246

New Principal Place of Business:

11210 PHILLIPS INDUSTRIAL BOULEVARD
SUITE 14
JACKSONVILLE, FL 32256

Current Mailing Address:

13688 MARKHAM HILL DR
JACKSONVILLE, FL 32225

New Mailing Address:

13688 MARKHAM HILL DR.
JACKSONVILLE, FL 32225

FEI Number: 26-0009302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEAVERS, BOBBY L
13688 MARKHAM HILL DR
JACKSONVILLE, FL 32225

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BEAVERS, BOBBY L
Address: 13688 MARKHAM HILL DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BEAVERS, BOBBY L
Address: 13688 MARKHAM HILL DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Change (X) Addition
Name: SLATTERY, TIMOTHY
Address: 1491 BLUE HERON LANE EAST
City-St-Zip: JACKSONVILLE, FL 32250

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: BOBBY L. BEAVERS

PRES

08/30/2004

Electronic Signature of Signing Officer or Director

Date