


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90432 033 ***150.00

DOCUMENT # P02000006753	
1. Entity Name AIR SOLUTIONS HEATING AND COOLING, INC.	

Principal Place of Business 12341 BRIGHTON BAY TRAIL SOUTH JACKSONVILLE, FL 32246	Mailing Address 12341 BRIGHTON BAY TRAIL SOUTH JACKSONVILLE, FL 32246
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2. Principal Place of Business <u>4725 Highway Ave</u>	3. Mailing Address <u>4725 Highway Ave</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Jacksonville, FL</u>	City & State <u>Jacksonville FL</u>
Zip <u>32254</u>	Country <u>USA</u>
Zip <u>32254</u>	Country



03142005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3589598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

7. Name and Address of New Registered Agent Name <u>Leslie S Fronczak</u> Street Address (P.O. Box Number is Not Acceptable) <u>9170 Latimer Rd West</u> City <u>Jacksonville</u> <u>FL</u> <u>32257</u>
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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 <u>Leslie S Fronczak</u> <u>4/5/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW!!! FEE IS \$150.00. After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COTHREN, BRIAN D 923 FLOYD STREET GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUILLEN, WILLIAM E SR 279 MONTEGO WAY PONTE VEDRA, FL 32802 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KINSER, PAUL G 12341 BRIGHTON BAY TRAIL SOUTH JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Paul G. Kinser</u> <u>4/28/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/28/05</u> Daytime Phone # <u>904-321-2744</u>
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