2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT	FLED
DOCUMENT # P02000034850	
1. Entity Name HIGH QUALITY HEATING & AIR, INC.	04 FEB -2 AM 8: 43
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Principal Place of Business Mailing Address	SECREIARY OF STATE TALLAHASSEE FLORIDA
1709-B CRAWFORDVILLE HWY 1709-B CRAWFORDVILL CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 3	LLE HWT
	LIBODOL II BADOL II BALKA SAKA SAKA BAHA BAHA BAHA BAHA BAHA BAHA BAHA B
2. Principal Place of Business High Duality Heating Pair, Trv. 1709 Craudore Suite, Apt. #, etc.	dville Hmj. I was in this fill the time and the fill the fill the same in the
SuiteB Suite B	01132004 Chg-P CR2E034 (10/03)
Crawfordville FC. Crawfordville	4. FEI Number Applied For Not Applicable
SO TO Country Zip	Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
CAUSSEAUX, MARTIN L.JR 2989 SHADEVILLE ROAD	Stro - &- : ess (P.O: Box Number le Not Account
CRAWFORDVILLE, FL 32327	1107 - 17 - 15 - 14 - 14
•	7 7 7 06go
B. The above named entity submits this statement for the purpose of changing its	ts registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	•
SIGNATUREX / Carlie Fee Canacian fry Signature, typed or printed name of registered agent and title if applicable. (NOT	OTE: Registered Agent eignishine required when reinstating) OATE
Signature, typed or primited name or registrated agent and the it approvable. (No.)	NE Librarian Wast schools address west (arching).
FILE NOW!!! FEE IS \$150.00 9. Election Campa After May 1, 2004 Fee will be \$550.00 Trust Fund Con	
10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P Delete	TITLE Change Addition
STREET ADDRESS 1709-C CRAWFORDVILLE HWY.	STREET ALORESS 01/14/0401011006 **150.00
CRAWFORDVILLE, FL 32327	CITY-51-24P
TITLE Delete	TITLE Change Addition
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP Delete	TILE Change Addition
NAME .	NAME
STREET ADDRESS CITY_SI_DP	STREET ADDRESS CITY-ST-ZIP
TITLE Delete	TITLE Change Addition
NAME	NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZEP
TILE Delete	TITLE Change Addition
HAME	NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZP
TITLE Delete	TITLE Change Addition
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP 12. I hereby certify that the information supplied with this tilling does not qualify to	(or 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 of the corporation or the receiver or trustee empowered to execute this report	for the exemption stated in Section 118.07(3)(i), Florida Statutes. I further certify that the information It my signature shall have the same legal effect as if made under ceth; that I am an officer or director or 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	ed
SIGNATURE: X 77 Cotton Lee Course	m Dz. 1119104
STORESTON AND THE OF STORES OF STORES OF STORES OF STORES	ER OR DIRECTOR Date Dayling Phone 6

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