2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004
Secretary of State

DOCUMENT# P02000050256

Entity Name: COMFORT ZONE AIR & HEAT, INC.

Current Principal Place of Business:

1173 SUNLIGHT COURT
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

1173 SUNLIGHT COURT
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 82-0542780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEOPOLD, BOB
1173 SUNLIGHT COURT
ST. CLOUD, FL 34771

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LEOPOLD, BOB	
Address:	1173 SUNLIGHT COURT	
City-St-Zip:	ST. CLOUD, FL 34771	
Title:	TD	( ) Delete
Name:	LEOPOLD, PEGGY	
Address:	1173 SUNLIGHT COURT	
City-St-Zip:	ST. CLOUD, FL 34771	
Title:	VD	( ) Delete
Name:	WOMACK, TODD	
Address:	1926 VILLA ANGELO BV	
City-St-Zip:	ST. CLOUD, FL 34769	
Title:	SD	( ) Delete
Name:	WOMACK, MICHELLE	
Address:	1926 VILLA ANGELO BV	
City-St-Zip:	ST. CLOUD, FL 34769	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BOB LEOPOLD PRES 02/16/2004

Electronic Signature of Signing Officer or Director — Date