


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90029 010 ***150.00

DOCUMENT # P02000099558 1. Entity Name MARSHALL'S HEATING & AIR, INC.					
Principal Place of Business 3350 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33917			Mailing Address 3350 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33917		
2. Principal Place of Business 720 NE 25TH AVE #17		3. Mailing Address 720 NE 25TH AVE			
Suite, Apt. #, etc. #17		Suite, Apt. #, etc. #17			
City & State CAPE CORAL FL.		City & State CAPE CORAL FL.			
Zip 33909		Country LEE		Zip 33909	
Country LEE		4. FEI Number 01-0746251			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARSHALL, DANIEL R 3350 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33917			7. Name and Address of New Registered Agent Name MARSHALL DANIEL R Street Address (P.O. Box Number is Not Acceptable) 720 NE 25TH AVE #17 City CAPE CORAL FL Zip Code 33909		
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><i>Daniel R Marshall</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2.11.04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARSHALL, DANIEL R 3350 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL, DANIEL R 3350 TRAIL DAIRY CIRCLE N. FT. MYERS, FL 33917	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARSHALL DANIEL R 720 NE 25TH AVE #17 CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL DANIEL R 720 NE 25TH AVE #17 CAPE CORAL FL 33909	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL DANIEL R 720 NE 25TH AVE #17 CAPE CORAL FL 33909	<input checked="" 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><i>Daniel R Marshall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2.11.04 238-573-1799 <small>Date Daytime Phone #</small>		