


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

|   |                                   |   |   |  |  |
|---|-----------------------------------|---|---|--|--|
| <b>DOCUMENT # P02000113972</b><br>1. Entity Name<br><b>ALL WRIGHT HEATING &amp; AIR CONDITIONING, INC.</b>  |                                   |   |   |   |  |
| Principal Place of Business<br><b>2825 ABSHER ROAD<br/>ST CLOUD, FL 34771</b>   |                                   |   | Mailing Address<br><b>2825 ABSHER ROAD<br/>ST CLOUD, FL 34771</b> |  |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |   |  |  |
| City & State  |                                   | City & State  |   |  |  |
| Zip   | Country                           | Zip   | Country   | 4. FEI Number<br><b>22-3882465</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |                                   |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>HARDING, ROBERT L<br/>20 NORTH EOLA DRIVE<br/>ORLANDO, FL 32801</b>  |                                   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS  |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE   | D <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | WRIGHT, MICHAEL A                 |   | NAME  | U000000082924  |  |
| STREET ADDRESS  | 2825 ABSHER ROAD                  |   | STREET ADDRESS  | 03/10/04-80018-010 150.00  |  |
| CITY-ST-ZIP   | ST CLOUD, FL 34771                |   | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |   | NAME  | U000000073937  |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS  | 03/03/04-0053 018 150.00   |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |   | NAME  |  |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |   | NAME  |  |  |
| STREET ADDRESS  |                                   |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |   | CITY-ST-ZIP   |  |  |
| 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. |                                   |   |   |  |  |
| <b>SIGNATURE: <i>Michael A. Wright</i> MICHAEL A. WRIGHT 2/27/04 407-509-0549</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                                   |   |   |  |  |