

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000114083

1. Entity Name

BILL BROWN AIR CONDITIONING & HEATING, INC.



Principal Place of Business

9900 SOUTH EVANS POINT  
INVERNESS FL 34452

Mailing Address

9900 SOUTH EVANS POINT  
INVERNESS FL 34452

2. Principal Place of Business

~~9900 SOUTH EVANS POINT~~  
Suite, Apt #, etc.

3. Mailing Address

~~9900 SOUTH EVANS POINT~~  
Suite, Apt #, etc.



1st MOORE

CR2E034 (10/04)

City & State

~~INVERNESS FL 34452~~  
City State Zip Country

City & State

~~INVERNESS FL 34452~~  
City State Zip Country

4. FEI Number

41-2065554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, WILLIAM J  
9900 SOUTH EVANS POINT  
INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name

~~MOORE~~

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME BROWN, WILLIAM J  
STREET ADDRESS 9900 SOUTH EVANS POINT  
CITY-STATE-ZIP INVERNESS FL 34452

TITLE D ☐ Delete  
NAME BROWN, WILLIAM J  
STREET ADDRESS 9900 SOUTH EVANS POINT  
CITY-STATE-ZIP INVERNESS FL 34452

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U000000208476  
02/01/05-80088-011 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
150 587

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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.

SIGNATURE:

*William J. Brown* William J. BROWN

Date

1/28/05

Daytime Phone #

352-371-2222