

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128744

FILED
May 06, 2005
Secretary of State

Entity Name: HIGDON HEATING & AIR CONDITIONING, INC.

Current Principal Place of Business:

2738 PGA BLVD
NAVARRE, FL 32566

New Principal Place of Business:

3249 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

Current Mailing Address:

2738 PGA BLVD
NAVARRE, FL 32566

New Mailing Address:

3249 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

FEI Number: 58-2487001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWATTS, HIGDON S
2738 PGA BLVD
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

SWATTS, HIGDON S
3249 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444 US

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:

05/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SWATTS, HIGDON S
Address: 2738 PGA BLVD
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: CAMPBELL, SHANNA L
Address: 2738 PGA BLVD
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SWATTS, HIGDON S
Address: 3249 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change () Addition
Name: CAMPBELL, SHANNA L
Address: 3249 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444

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: HIGDON STONE SWATTS

PRES

05/06/2005

Electronic Signature of Signing Officer or Director

Date