

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000011675

1. Entity Name  
FLETCHER BROTHERS HEATING & AIR, INC.



Principal Place of Business  
1824 NE 164TH AVE  
GAINESVILLE, FL 32609

Mailing Address  
1824 NE 164TH AVE  
GAINESVILLE, FL 32609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OHL, FRANKLIN  
1155 WYNDEGATE DR  
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent

Name

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, DENNIS		NAME	
STREET ADDRESS	1824 NE 164TH AVE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, BRYANT K		NAME	
STREET ADDRESS	1824 NE 164TH AVE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, DAVID		NAME	
STREET ADDRESS	1824 NE 164TH AVE		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32609		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	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

352-485-2135

Date

Daytime Phone #

**FILED  
Apr 30, 2004 8:00 am  
Secretary of State**

04-30-2004 90209 025 \*\*\*150.00

94073426



04212004 Chg-P CR2E034 (10/03)

4. FEI Number	55-0819947	Applied For
		Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required