


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000012950</b> 1. Entity Name <b>HERITAGE HEATING &amp; AIR, INC.</b>		
Principal Place of Business <b>1975 MCBRIDE ROAD SEVILLE, FL 32190</b>	Mailing Address <b>1975 MCBRIDE ROAD SEVILLE, FL 32190</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>TOLLISON, ROBBIE 1975 MCBRIDE ROAD SEVILLE, FL 32190</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLLISON, ROBBIE J 1975 MCBRIDE RD. SEVILLE, FL 32190	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOUGLAS, JAMES E 1610 PINE AVE DELAND, FL 32724	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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>Robbie J Tollison</i> 3/23/05 386 749 1997</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <b>President</b>		



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**11-3676221**

Applied For
Not Applicable

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

000000277193  
03/26/05-80019-012 150.00