

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90425 030 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                                                                                         |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000055192</b><br>1. Entity Name<br><b>EXPERT HEATING AND AIR CONDITIONING SERVICE, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                                                        |                                                                   |
| Principal Place of Business<br><b>1336 NANCESOWEE AVENUE<br/>SEBRING, FL 33870</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Mailing Address<br><b>1336 NANCESOWEE AVENUE<br/>SEBRING, FL 33870</b>                                                                                                  |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  | City & State                                                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                          | Zip                                                                                                                                                                     | Country                                                           |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MURRAY, JAMES W<br/>1336 NANCESOWEE AVENUE<br/>SEBRING, FL 33870</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____<br><small>(Signature, typed or printed name of registered agent and this is applicable.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | DATE _____<br><small>(Date of Registered Agent signature required when applicable.)</small>                                                                             |                                                                   |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                  |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete<br><b>D<br/>MURRAY, JAMES<br/>1336 NANCESOWEE AVENUE<br/>SEBRING, FL 33870</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete<br><b>D<br/>MURRAY, SHIRLEY<br/>1336 NANCESOWEE AVENUE<br/>SEBRING, FL 33870</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u>James W. Murray</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  | 4/22-2004 (463) 382-6090<br><small>DATE DAYTIME PHONE #</small>                                                                                                         |                                                                   |

James W. Murray