2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address

all other like empowered.

Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # P03000079791 1. Entity Name 02-16-2005 90050 014 ***150.00 ABC AIR CONDITIONING & HEATING, INC. Principal Place of Business Mailing Address 250 BAHIA VILLA FORT MYERS BEACH FL 33931 250 BAHIA VILLA FORT MYERS BEACH FL 33931 50016587" 2. Principal Place of Business 3. Mailing Address 250-BAhiA-VIA Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICHOLS, JAMES L Street Address (P.O. Box Number is Not Acceptable) 8191 COLLEGE PARKWAY, SUITE 204 FORT MYERS BEACH FL 33931 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing ___\$5.00:May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE D ☐ Delete TITLE ☐ Addition Riviezzo, Stephen P. RIVIEZZO, STEPHEN P NAME NAME 250-BAhiA-V 250 BAHIA VILLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-7/P FUTT myers Beach. F1. 33931 TITLE Delete TITLE ☐ Addition NAME RIVIEZZO, RICHARD NAME STREET ADDRESS 250 BAHIA VIA STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-ZIP DILE _ Delete TITLE Change ☐ Addition NAME RIVIEZZO, JEAN STREET ADDRESS 250 BAHIA VIA STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH FL 33931 CITY-ST-7P TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED