


**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90030 003 \*\*\*\*61.25  
04-16-2004 90045 002 \*\*\*\*88.75

<b>DOCUMENT # P03000086584</b>					
1. Entity Name <b>MICHAEL'S HEATING &amp; AIR CONDITIONING, INC.</b>					
Principal Place of Business 1506 JAMES AVE LEHIGH ACRES, FL 33972 US		Mailing Address P.O. BOX 237 LEHIGH ACRES, FL 33970 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>56-2383572</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>BOWERS, ROBERT L</del> 1100 N. HOMESTEAD RD. LEHIGH ACRES, FL 33936				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR to \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BALLANTINE, MICHAEL D	NAME	Brad M. Ballantine		
STREET ADDRESS	1506 JAMES AVE	STREET ADDRESS	1506 James Avenue		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	CITY-ST-ZIP	Lehigh Acres, FL 33972		
TITLE	VD <input type="checkbox"/> Delete	TITLE			
NAME	BALLANTINE, KATHY	NAME			
STREET ADDRESS	1506 JAMES AVE	STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	BALLANTINE, BRIAN A	NAME			
STREET ADDRESS	1506 JAMES AVE	STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	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: <u>Kathy Ballantine</u>			Date: <u>3/17/04</u> Daytime Phone #: <u>239 368-3345</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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03012004 Chg-P CR2E034 (10/03)

Kathy Ballantine

3/17/04 (239)368-3345