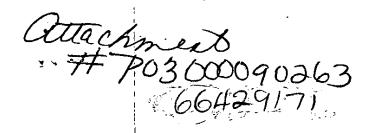
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 29, 2004 8:00 am Secretary of State 05-26-2004 90003 028 \*\*\*150.00

DOCUMENT # P0300090263  1. Entity Name MY A C & HEATING, INC.							3	U3-20-2	2004 9000.	3 028 ***	*150.00
Principal Place of Business 2731 NE JACKSONVILLE RD (200A) 0CALA, FL 34470			Mailing Address 2731 NE JACKSONVILLE RD (200A) OCALA, FL 34470				· ( <u>6</u>	642917		14 li <b>àis eiles</b> chi	<b>- 1</b> 1
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04222004	Chg-P	CR2E03	34 (10/03)	
City & State			City & State			4. FEI Numb	er 🔥		<b>V</b> No	plied For Applicable	
Zip	Country		Zip Coun		try :			of Status Desired		8.75 Add ee Required	itional
6. Name and Address of Current Registered Agent					Name		7. Name and	Address of New	Registered A	gent	
AYRES, BENJAMIN H 445 NE 8TH AVE OCALA, FL 34470						ess (F	O. Box Numb	er is Not Acceptal			
	. 14 				City				FL	Zip Code	<del>_</del>
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 proteginame of registered agent and title if applicable. (NOTE: Repistered Agent signature (squired when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	a	OFFICERS AN	D DIRECTORS	11.			ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR!	S IN 11 ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	SHOTWE P.O.BOX	ELL, GEORGE C JR 816 FL 34478	☐ Delete		1 '			•		□ clearlis	C vooibu
nte			☐ Delete	m		_			•	Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP					EET ADDRESS /						
TITLE Name			☐ Delete	TIT. Nam						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP* *	==		داد میجمدد د		EET ADDRESS (-ST-ZIP					= -	
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NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	1	EET ADORESS 7-ST-ZIP	_					
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STREET ADDRESS CITY-ST-ZIP		,			EET ADDRESS						
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NAME STREET ADDRESS CITY-ST-ZIP				•	EET ADDRESS :			•	-	•	•
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 cath; 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 MAPS OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone 8											



May 18, 2004

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

MY AC & HEATING, INC.

Please accept the \$150.00 as payment in full for the 2004 Annual Report. I am the bookkeeper and was under the false assumption that the payment was not due until May 31, 2004. I just realized that the payment was late after May 1, 2004. I am asking you to make this exception so that I can keep my job and not have any repercussions for my mistake. Thank you for your help with this matter.

If you have any further questions, please let me know

Sincerety, LeaMarie Garrida

LeaMarie Garrido Bookkeeper