

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000090781

1. Entity Name
MY HEATING & AIR, INC.



**FILED
Jun 29, 2004 8:00 am
Secretary of State**

05-26-2004 90003 033 ***150.00

66429170



04222004 Chg-P CR2E034 (10/03)

Principal Place of Business
2731 NE JACKSONVILLE RD (200A)
OCALA, FL 34470

Mailing Address

2731 NE JACKSONVILLE RD (200A)
OCALA, FL 34470

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

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AYRES, BENJAMIN H
445 NE 8TH AVE
OCALA, FL 34470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|---|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHOTWELL, GEORGE C JR P.O. BOX 816 OCALA, FL 34478 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/23/04

Attachment
#P0300009071 66429170

May 18, 2004

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

To Whom It May Concern:

MY HEATING & AIR, 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.

Sincerely,

LeaMarie Garrido

LeaMarie Garrido
Bookkeeper