

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90005 045 ***150.00

DOCUMENT # P03000097900

1. Entity Name

HERITAGE AIR CONDITIONING & HEATING COMPANY



Principal Place of Business

10237 AUTUMNWOOD LN
HUDSON FL 34667

Mailing Address

10237 AUTUMNWOOD LN
HUDSON FL 34667

2. Principal Place of Business

10237 AUTUMNWOOD LN

3. Mailing Address

10237 AUTUMNWOOD LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

HUDSON FL

Zip

34667

Country

USA

Zip

34667

Country

U.S.A

4. FEI Number

20-0833092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORROW, DOUGLAS E SR
10237 AUTUMNWOOD LN
HUDSON FL 34667

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORROW, STEVEN J	
STREET ADDRESS	10237 AUTUMNWOOD LN	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOLLAERT, RANDAL M	
STREET ADDRESS	10237 AUTUMNWOOD LN	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORROW, JOANNE R	
STREET ADDRESS	10237 AUTUMNWOOD LN	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORROW, DOUGLAS E SR	
STREET ADDRESS	10237 AUTUMNWOOD LN	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (727) 869-0209

Date

Daytime Phone #