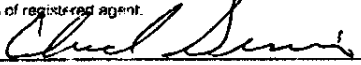
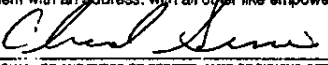


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90092 016 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000109001			
1. Entity Name D & S HEATING & AIR INC.			
Principal Place of Business 31039 WESTCHESTER AVENUE SORRENTO, FL 32776		Mailing Address 31039 WESTCHESTER AVENUE SORRENTO, FL 32776	
35901 Thrill Hill Rd		35901 Thrill Hill Rd	
2. Principal Place of Business E		3. Mailing Address Eustis FL	
Suite, Apt. #, etc. Eustis FL		Suite, Apt. #, etc. Eustis FL	
City & State 32726 US		City & State 32726 US	
Zip 32726		Country US	
4. FEI Number 33-1071760		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DRIGGERS, CHARLES 31039 WESTCHESTER AVENUE SORRENTO, FL 32776		7. Name and Address of New Registered Agent Name Chad Sines Street Address (P.O. Box Number is Not Acceptable) 35901 Thrill Hill Rd City Eustis FL Zip Code 32726	
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 4-14-04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)			
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 DRIGGERS, CHARLES P 31039 WESTCHESTER AVENUE SORRENTO, FL 32776 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINES, CHAD L 31039 WESTCHESTER AVENUE SORRENTO, FL 32776 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINES, CHAD L 35901 Thrill Hill Rd Eustis FL 32726 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 637, 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: 		DATE: 4-14-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	