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Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90092 016 ***150.00

J4000000

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000109001

1. Entity Name
D & S HEATING & AIR INC.

Principal Place of Business	Mailing Address
31039 WESTCHESTER AVENUE SORRENTO, FL 32776	31039 WESTCHESTER AVENUE SORRENTO, FL 32776
35901 Thrill hill Rd	35901 Thrill hill Rd
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Eustis Fl	Eustis Fl
City & State	City & State
32726 US	32726 US
Zip / Country	Zip / Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 33-1071760 ☐ Applied For ☐ Not Applicable

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

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: Chad Sines DATE: 4-14-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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 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: Chad Sines 4-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #