

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

01-31-2005 90137 028 ***150.00

DOCUMENT # P03000117620					
1. Entity Name BILL BOWERS A/C AND HEATING, INC.					
Principal Place of Business 7316 ISLANDER LANE HUDSON, FL. 34667 US			Mailing Address 7316 ISLANDER LANE HUDSON, FL. 34667 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0358807	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ANDERSON, JOY M 10942 STATE ROAD 52 HUDSON, FL 34669				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: <u><i>Joy M. Anderson</i></u> DATE: <u>1/11/05</u> (Name, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing))					
-FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BOWERS, GEORGE W			NAME	
STREET ADDRESS	7316 ISLANDER LANE			STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667			CITY-ST-ZIP	
TITLE	S	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	HALL, JOANNE			NAME	
STREET ADDRESS	7316 ISLANDER LANE			STREET ADDRESS	
CITY-ST-ZIP	HUDSON, FL 34667			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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)(b), 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: <u><i>George W. Bowers</i></u>				DATE: <u>1/27/05</u> 727-919-2212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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