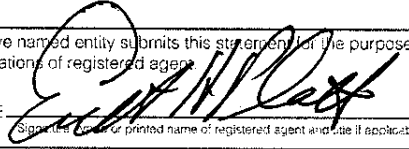
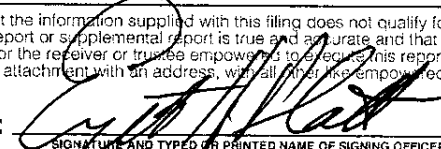


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90033 047 ***150.00

DOCUMENT # P03000123167 1. Entity Name EVERETT H. PLATT AIR CONDITIONING AND HEATING, INC.					
Principal Place of Business 1158 FAY BLVD PORT ST JOHNS, FL 32927			Mailing Address 1158 FAY BLVD PORT ST JOHNS, FL 32927		
2. Principal Place of Business 1158 Fay Blvd.		3. Mailing Address 1158 Fay Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St. John, Fl.		City & State Port St. John, Fl.		4. FEI Number 20-0377834	
Zip 32927		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLATT, EVERETT H 1158 FAY BLVD PORT ST JOHNS, FL 32927			7. Name and Address of New Registered Agent Name Platt, Everett H. Street Address (P.O. Box Number is Not Acceptable) 1158 Fay Blvd. City Port St. John, FL 32927		
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:  Everett H. Platt 2-13-04 Signature of or printed name of registered agent and date 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	PTD PLATT, EVERETT H ☐ Delete 1158 FAY BLVD PORT ST JOHNS, FL 32927		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ Change ☐ Addition Platt, Everett H. 1158 Fay Blvd. Port St. John, Fl. 32927 ☐ 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	
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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 I am empowered.					
SIGNATURE: 			Everett H. Platt, President 2/13/04 (321) 633-3258		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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