2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-17-2004 90033 047 ***150.00

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1. Entity Name
EVERETT H. PLATT AIR CONDITIONING AND HEATING, INC.

Principal Place of Business	Mailing Address
1158 FAY BLVD PORT ST JOHNS, FL 32927	1158 FAY BLVD PORT ST JOHNS, FL 32927

02082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1158 Fay Blvd.	1158 Fay Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. John, Fl.	City & State: Port St. John, Fl.
Zip: 32927 Country: U.S.A.	Zip: 32927 Country: U.S.A.

4. FEI Number 20-0377834 ☐ Applied For ☐ Not Applicable

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 Zip Code: 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: [signature] Everett H. Platt DATE: 2-13-04

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	PTD PLATT, EVERETT H 1158 FAY BLVD PORT ST JOHNS, FL 32927	☐ Delete	PTD Platt, Everett H. 1158 Fay Blvd. ~~Port St. John, Fl. 32927~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] Everett H. Platt, President 2/13/04 (321)633-3258

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