


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90192 018 ***150.00

DOCUMENT # P03000127843	
1. Entity Name WARREN WILLIAMS HEATING AND AIR CONDITIONING INC.	

Principal Place of Business 35 S. COLLEGE STREET MACCLENNY FL 32063	Mailing Address 35 S. COLLEGE STREET MACCLENNY FL 32063
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MOORE CR2E034 (11/03)

2. Principal Place of Business 36 S. COLLEGE STREET	3. Mailing Address 36 S. COLLEGE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MACCLENNY FL	City & State MACCLENNY FL
Zip 32063	Zip 32063
Country USA	Country U.S.A.

4. FEI Number 522407444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, WARREN M 35 S. COLLEGE STREET MACCLENNY FL 32063	
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7. Name and Address of New Registered Agent Name WILLIAMS, WARREN M Street Address (P.O. Box Number is Not Acceptable) 36 S. COLLEGE STREET City MACCLENNY FL Zip Code 32063	
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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 WARREN M. WILLIAMS DATE 04/22/04

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, WARREN M 35 S. COLLEGE STREET MACCLENNY FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Warren M. Williams DATE 04/22/04 DAYTIME PHONE # 904-259-7014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR