2005 FOR PROFIT CORPORATION

Feb 23, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P03000127843** 02-23-2005 90053 041 ***150.00 WARREN WILLIAMS HEATING AND AIR CONDITIONING INC. Principal Place of Business Mailing Address 36 S. COLLEGE STREET 36 S. COLLEGE STREET MACCLENNY, FL 32063 MACCLENNY, FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-2407444 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, WARREN M Street Address (P.O. Box Number is Not Acceptable) 36 S. COLLEGE STREET MACCLENNY, FL 32063 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ď TITLE □ Delete TITLE **T** Change ☐ Addition WILLIAMS, WARREN M NAME NAME 36 S. College Street 35 S. COLLEGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MACCLENNY, FL 32063 CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE 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-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

12. Thereby 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

2/21/05

FILED