

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

07-30-2004 90004 050 ***150.00

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DOCUMENT # P03000138124					
1. Entity Name ARNOLD HEATING & AIR, INC.					
Principal Place of Business 44360 CATTLE BEND LANE CALLAHAN, FL 32011			Mailing Address 44360 CATTLE BEND LANE CALLAHAN, FL 32011		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2325823	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARNOLD, JERRY R 44360 CATTLE BEND LANE CALLAHAN, FL 32011			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: <i>Jerry R. Arnold</i>			DATE: 7-26-04		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	Delete	TITLE	Change	Addition
NAME	ARNOLD, JERRY R		NAME		
STREET ADDRESS	44360 CATTLE BEND LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32011		CITY-ST-ZIP		
TITLE	VP	Delete	TITLE	Change	Addition
NAME	ARNOLD, MICHAEL R		NAME		
STREET ADDRESS	44360 CATTLE BEND LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32011		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)(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: <i>Jerry R. Arnold</i>			DATE: 7-26-04		(904) 614-4753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
JERRY R. ARNOLD					