2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # P03000138301 1. Entity Name JEFF BACK HEATING & AIR CONDITIONING, INC. Mailing Address Principal Place of Business 85154 AMANDA COURT 85154 AMANDA COURT YULEE FL 32097 YULEE FL 32097 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0417600 Not Applicable Zip Country Zip 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 Name BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PRES ☐ Delete TITLE ☐ Change ☐ Addition BACK, JEFFREY S NAME NAME U00000295223 85154 AMANDA COURT STREET ADDRESS STREET ADDRESS 04/09/05-80019-009 150.00 YULEE FL 32097 CITY-ST-ZIP CITY ST. 7IP ☐ Change TITLE ☐ Delete TIRE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY ST-7/P ☐ Delete THE ☐ Change ☐ Addition 11111 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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: Jako S. Back S. Back 3/2/05 904-125-8222