


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 006 ***150.00

DOCUMENT # P03000139149	
1. Entity Name PREMIER HEATING & AIR CONDITIONING INC	

Principal Place of Business 8609 STONER WOODS DRIVE RIVERVIEW, FL 33569	Mailing Address 8609 STONER WOODS DRIVE RIVERVIEW, FL 33569
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2. Principal Place of Business 7801 Alafia Ridge Rd. Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Riverview FL	City & State
Zip 33569	Country Hillsborough

6. Name and Address of Current Registered Agent RIVERVIEW FINANCIAL & ACCTG SVC INC 7035 US HWY 301 SOUTH RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Riverview TAX SMORTGAGE INC Street Address (P.O. Box Number is Not Acceptable) 7039 US HWY 301 S. RIVERVIEW, FL 33569 City FL Zip Code	
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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 **James S. Boyer - Vice President** DATE **2/18/05**
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, 2005 Fee will be \$550.00	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	P SPICER, ALEXANDER SR 8609 STONER WOODS DRIVE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7801 Alafia Ridge Rd Riverview FL 33569 <input checked="" 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: **Alexandra Spicer Alexander Spicer** DATE **4/11/05** 813 671-8650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR