


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90158 002 ***150.00

DOCUMENT # P03000142789 1. Entity Name COASTAL SERVICE AIR CONDITIONING & HEATING, INC.			
Principal Place of Business 1904 FOREST PARK AVENUE PORT ST. JOE FL 32456 US		Mailing Address 1904 FOREST PARK AVENUE PORT ST. JOE FL 32456 US	
2. Principal Place of Business 1110 GARRISON AVENUE Suite, Apt. #, etc.		3. Mailing Address 1110 GARRISON AVENUE Suite, Apt. #, etc.	
City & State PORT ST JOE, FLORIDA 32456 Zip Country 32456 GULF		City & State PORT ST JOE, FLORIDA Zip Country 32456 GULF	
4. FEI Number 68-0574159		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 MCCROAN, PHILLIP G 1904 FOREST PARK AVENUE PORT ST. JOE FL 32456		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCROAN, PHILLIP G 1904 FOREST PARK AVENUE PORT ST. JOE FL 32456 <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	VP LEWIS, CURTIS E 243 AVENUE C PORT ST. JOE FL 32456 <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	S/T MCCROAN, KAREN 1904 FOREST PARK AVENUE PORT ST. JOE FL 32456 <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: <u>Phillip G. McCroan</u> <u>Phillip G. McCroan</u> <u>4/28/05</u> <u>850-229-6907</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			