


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State


04-19-2004 90382 043 ***150.00

DOCUMENT # P03000147371	
1. Entity Name DJ'S COMFORT CONTROL INC.	

Principal Place of Business 470 RIDGECREST DR PUNTA GORDA FL 33982	Mailing Address 470 RIDGECREST DR PUNTA GORDA FL 33982
---	---

2. Principal Place of Business same Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
City & State	City & State
Zip Country Charlotte	Zip Country Charlotte

14005130



MOORE CR2E034 (11/03)

4. FEI Number 20-0470030	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 CAMPBELL, J. DAVID 2805 TAMIAMI TRAIL PUNTA GORDA FL 33950	7. Name and Address of New Registered Agent Name same 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 President / Director <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME James Bills	NAME
STREET ADDRESS 470 Ridgcrest Drive	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Punta Gorda FL 33982	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VP / Secretary/Treasurer <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME James Bills	NAME
STREET ADDRESS 470 Ridgcrest Drive	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Punta Gorda FL 33982	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	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)(f) 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: James Bills **4/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #