

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000156042

FILED
Dec 16, 2004
Secretary of State

Entity Name: NORTH PORT HEATING & AIR, INC.

Current Principal Place of Business:

1050 CORPORATE AVE UNIT 105
NORTH PORT, FL 34289

New Principal Place of Business:

4953 TROTT CIRCLE
NORTH PORT, FL 34287

Current Mailing Address:

1050 CORPORATE AVE UNIT 105
NORTH PORT, FL 34289

New Mailing Address:

P.O. BOX 7793
NORTH PORT, FL 34287

FEI Number: 05-0593471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JOHN C
1050 CORPORATE AVE UNIT 105
NORTH PORT, FL 34289 US

Name and Address of New Registered Agent:

ALLEN, JOHN C
4953 TROTT CIRCLE
NORTH PORT, FL 34287 US

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.

SIGNATURE: JOHN C ALLEN

12/16/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ALLEN, JOHN C
Address: 1050 CORPORATE AVE UNIT 105
City-St-Zip: NORTH PORT, FL 34289

Title: DV () Delete
Name: SMITH, ANDREW P
Address: 1050 CORPORATE AVE UNIT 105
City-St-Zip: NORTH PORT, FL 34289

Title: DS () Delete
Name: VANDENORTH, EDWARD
Address: 1050 CORPORATE AVE UNIT 105
City-St-Zip: NORTH PORT, FL 34289

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ARCHIBALD, TAMMY
Address: 1050 CORPORATE AVE
City-St-Zip: NORTH PORT, FL 34289

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C ALLEN

DPT

12/16/2004

Electronic Signature of Signing Officer or Director

Date