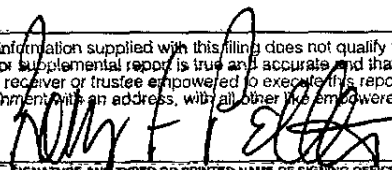


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000156387		
1. Entity Name BUDGET AIR CONDITIONING & HEATING, INC.		
Principal Place of Business 5695 MARION COUNTY RD LADY LAKE, FL 32159		Mailing Address PO BOX 1453 LADY LAKE, FL 32158 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PETTIS, RORY F 5695 MARION COUNTY RD LADY LAKE, FL 32159		DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000219817 02/08/05-80042-022 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETTIS, RORY F PO BOX 1453 LADY LAKE, FL 32158	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETTIS, SHERRY M PO BOX 1453 LADY LAKE, FL 32158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(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 true and empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/3/2005 352-753-2121 Date Daytime Phone #