


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000014764 1. Entity Name ESTES HEATING AND AIR-CONDITIONING, INC.	
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Principal Place of Business 2311 MARSH POINT ROAD NEPTUNE BEACH, FL 32266 US	Mailing Address P.O. BOX 330294 ATLANTIC BEACH, FL 32233 US
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3158990	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JAPOUR, DANIEL A
333-1 EAST MONROE ST.
JACKSONVILLE, FL 32202**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits the 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: *D. Estes* 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning) DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESTES, DAVID WAYNE 5837 CINDALOMA STREET JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESTES, JAMES RICHARD 2837 SYNHOFF DRIVE JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/30/04-80071-021 158 75

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an assignment with an address, with all other like empowered.

SIGNATURE: *D. Estes* **DAVID W. ESTES - PRES** 4/29/04 904 241-6727
Signature and typed or printed name of signing officer or director. Date. Division Phone #