


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000014764

1. Entity Name
ESTES HEATING AND AIR-CONDITIONING, INC.



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

1st MOORE CR2E034 (10/04)

4. FEI Number **59-3159990** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

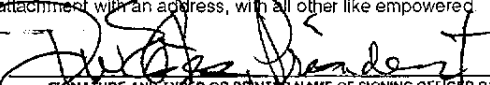
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESTES, DAVID WAYNE			NAME			
STREET ADDRESS	5637 CINDALOMA STREET			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32211			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ESTES, JAMES RICHARD			NAME			
STREET ADDRESS	2837 SYNHOFF DRIVE			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32216			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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			
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			
CITY - ST - ZIP				CITY - ST - ZIP			

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07/20/05-80005-026 558.75

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:  **DAVID W. ESTES**
PRESIDENT 7/18/05 904 241-6727

Date: _____ Having Phone # _____