

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90042 017 \*\*\*150.00

**66005409**



1st MOORE CR2E034 (10/04)

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P94000002810</b><br>1. Entity Name<br><b>WILLIAMS HEATING AND COOLING, INC.</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>1602 SKINNER STREET.<br/>LAKELAND FL 33801</b>  |  |  | Mailing Address<br><b>1602 SKINNER STREET<br/>LAKELAND FL 33801</b>  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  | 4. FEI Number <b>59-3218176</b>   |  |
| Zip   |  | Country  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>WILLIAMS, STEPHEN D<br/>1602 SKINNER STREET<br/>LAKELAND FL 33801</b>  |  |  | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |  | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>WILLIAMS, STEPHEN D<br/>1602 SKINNER ST.<br/>LAKELAND FL 33801</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VD<br/>WILLIAMS, LISA J<br/>1602 SKINNER ST.<br/>LAKELAND FL 33801</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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: <i>Stephen D. Williams</i>   |  | <b>3/8/05 (863) 688-3631</b><br><small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small> |  |   |  |