


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000025417 1. Entity Name THERMAX OF WEST FLORIDA, INC.	
---	---

Principal Place of Business 5722 WEST GROVER CLEVELAND BLVD. HOMOSASSA, FL 34446	Mailing Address 5722 WEST GROVER CLEVELAND BLVD. HOMOSASSA, FL 34446
--	--

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GLEN C. ABBOTT, ATTORNEY AT LAW 706 N SUNCOAST BLVD CRYSTAL RIVER, FL 34429
--



03102004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3235646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____

Signature, Name, and Address of Agent or Agent and the Filing Office. FCI No. Registered Agent Signature for the Filing Office. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P JARVIS, CHRISTINE K 5722 WEST GROVER CLEVELAND BLVD. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY ST ZIP	ST RAWLINS, KELLY 5722 WEST GROVER CLEVELAND BLVD. HOMOSASSA, FL 34446
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	

DO NOT WRITE IN THIS SPACE

000000088813
03/15/04-80066-021 150.00

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another, the empowered.

SIGNATURE: Christine K. Jarvis 3-10-04 352-628-7808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine K. JARVIS