


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000034791	
1. Entity Name ALLEN'S COOLING & HEATING, INC.	

Principal Place of Business 707 MAIN ST TITUSVILLE, FL 32796	Mailing Address 707 MAIN ST TITUSVILLE, FL 32796 US
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DO NOT WRITE IN THIS SPACE

04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3305764	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent WALSH, KAREN A 1551 GARDEN STREET TITUSVILLE, FL 32796
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**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 reg. agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

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

U000000115244
04/16/04-80015-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, KAREN A 4514 WELLINGTON LANE MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, CARL D 4514 WELLINGTON LANE MIMS, FL 32754
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IN THIS SPACE**

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: Karen A Walsh **KAREN A WALSH President 4/13/04 321-267-6200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #