


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90483 045 \*\*\*150.00

<b>DOCUMENT # P94000042959</b>	
1. Entity Name <b>TRI-TEMP AIR SERVICE, INC.</b>	

Principal Place of Business <b>625 S. E. 25TH TERRACE CAPE CORAL, FL 33904</b>	Mailing Address <b>625 S. E. 25TH TERRACE CAPE CORAL, FL 33904</b>
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34066136



2. Principal Place of Business <b>720 NE 25th AVE Suite, Apt. #, etc. # 28</b>	3. Mailing Address <b>720 NE 25th AVE Suite, Apt. #, etc. # 28</b>
City & State <b>Cape Coral</b>	City & State <b>Cape Coral, FL</b>
Zip <b>33909</b>	Country <b>Lee</b>

04222004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0497164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCNALLY, WILLIAM DEWEY 625 S. E. 25TH TERRACE CAPE CORAL, FL 33904</b>	
7. Name and Address of New Registered Agent <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>1829 NW 36th Place</b> City <b>Cape Coral</b> FL Zip Code <b>33993</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCNALLY, WILLIAM DEWEY 625 S. E. 25TH TERRACE CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1829 NW 36th Place Cape Coral, FL 33993</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *William D McNally* 4/22/04 239-772-7442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #