2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # P95000023372** 1. Entity Name NELSON HEATING AC INC. Mailing Address Principal Place of Business 5782 W. MEADOW PARK 5782 W. MEADOW PARK CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1543713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UPTON, NELSON DO NOT WRITE 7720 NO. MOONWIND TERRACE DUNNELLON, FL 34443 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTOR 10. TITLE UPTON, NELSON 7720 NO. MOONWIND TERRACE STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34443 TITLE 000000323806 NAME UPTON, THOMAS 04/22/05-80068-022 158.75 7720 NO. MOONWIND TERRACE STREET ADDRESS DUNNELLON, FL 34443 CITY-ST-ZIP 1m f NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAMP STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS

21-20-00

FILED