

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 06, 2004 8:00 am
Secretary of State

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07-06-2004 90116 007 ***150.00

DOCUMENT # P95000031694

1. Entity Name
 VANCRO HEATING & COOLING, INC.



Principal Place of Business: 18791 RIVER ESTATES LANE ALVA, FL 33920 US

Mailing Address: 18791 RIVER ESTATES LANE ALVA, FL 33920 US

44047144



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 65-0580406

Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN VLIET, SCOTT
 18791 RIVER ESTATES LANE
 ALVA, FL 33920

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City: FL 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 _____ DATE _____

(SIGNATURE, typed or printed name of registered agent and title, if applicable) (TITLE, Registered Agent signature required and not optional)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	VANVLIET, SCOTT	18791 RIVER ESTATES LANE	ALVA, FL 33920	<input type="checkbox"/>
D	CROWE, MICHAEL	2001 SE 2ND ST	CAPE CORAL, FL 33990	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04 239-275-7766