


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90365 001 ***158.75

DOCUMENT # P95000049702

1. Entity Name
ELLIOTT'S HEATING & A/C, INC.



Principal Place of Business
**1698 N. TATE SCHOOL RD.
 CANTONMENT, FL 32533 US**

Mailing Address
**P.O. BOX 758
 GONZALEZ, FL 32560 US**

00041495

2. Principal Place of Business
2330 Elna Road
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 114
 Suite, Apt. #, etc.



04142005 Chg-P CR2E034 (10/03)

City & State
Cantonment, FL
 Zip Country
32533 ESC

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Cantonment, FL
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4. FEI Number
59-3322972 04-3804755 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**ELLIOTT, CHARLES L
 1698 NORTH TATE SCHOOL ROAD
 CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name
Antonio Chason

Street Address (P.O. Box Number is Not Acceptable)
2330 Elna Road

City
Cantonment **FL** Zip Code
32533

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 **Antonio C. Chason** **Antonio C. Chason** **4-18-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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	Charles L. Elliott <input checked="" type="checkbox"/> Delete 1698 North Tate Road Cantonment, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Antonio C. Chason <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2330 Elna Rd Cantonment, FL 32533
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **Antonio C. Chason** **4-18-05** **968-1216**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #