2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P96000029335

Entity Name: SHADE'S AIR CONDITIONING AND HEATING, INC.

Current Principal Place of Business:

4740 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4740 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3380522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHADE, GREG P PRES.
2701 COLDSTONE LN
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHADE, GREG
Address: 2701 COL STONE LN
City-St-Zip: HOLIDAY, FL 34691 US

Title: VP ( ) Delete
Name: JENNIFER, SHADE
Address: 2701 COLDSTONE LN
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SHADE VP 04/25/2005

Electronic Signature of Signing Officer or Director Date