


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000015189**  
 1. Entity Name  
**CENTRAL COOLING & HEATING, INC.**



Principal Place of Business      Mailing Address  
**3486 COMMERCIAL WAY**      **3486 COMMERCIAL WAY**  
**SPRING HILL, FL 34606**      **SPRING HILL, FL 34606**

**DO NOT WRITE IN THIS SPACE**



01302004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3414868</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JASEN, GLENN ANTON**  
**6281 KIMBALL CT.**  
**SPRING HILL, FL 34606**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000039437  
 02/09/04-80004-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JASEN, GLENN ANTON 6281 KIMBALL CT. SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIEDAMA, PETER JAMES 3296 HIBISCUS DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:** *x Kenn A. Josen*      *x 2-2-04*      *352*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #