2005 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90231 043 ***150.00

DOCUMENT # P97000026477

1. Entity Name
PASADENA HEATING & AIR CONDITIONING INC

DO NOT WRITE IN THIS SPACE

14008358
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6417 GULFPORT BLVD S	6417 GULFPORT BLVD S
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PASADENA, FL	City & State: PASADENA, FL
Zip: 33707 Country: PINELLAS	Zip: 33707 Country: PINELLAS

4. FEI Number: 59-3433067 ☐ Applied For ☐ Not Applica

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WAYNE PETTIT

Street Address (P.O. Box Number is Not Acceptable): 6417 GULFPORT BLVD S

City: PASADENA FL Zip Code: 33707

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 accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended UBR
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETTIT, WAYNE
STREET ADDRESS	6417 GULFPORT BLVD S
CITY-ST-ZIP	PASADENA, FL 33707
TITLE	V
NAME	MARSH, DOUGLAS C
STREET ADDRESS	7421 1ST ST NE
CITY-ST-ZIP	ST PETERSBURG, FL 3370
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 on an attachment with an address, with all other like empowered.

SIGNATURE: wayne A Pettit 4/20/05 (727) 385-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #