


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000051064
 1. Entity Name
BAYSIDE AIR CONDITIONING & HEATING, INC.



Principal Place of Business Mailing Address
515 KELLY STREET **515 KELLY STREET**
DESTIN FL 32541 **DESTIN FL 32541**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suits, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-3457293 Not Applicable

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

6. Name and Address of Current Registered Agent
HESS, GLEN G
416 RIDGE WOOD CIRCLE
DESTIN FL 32541

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
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	P <input type="checkbox"/> Delete
NAME	HESS, JEFFREY G
STREET ADDRESS	515 KELLY STREET
CITY-ST-ZIP	DESTIN FL 32541
TITLE	VP <input type="checkbox"/> Delete
NAME	HESS, GLEN G
STREET ADDRESS	416 RIDGE WOOD CIRCLE
CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 04/21/05-80045-003 150.00

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: *Jeffrey G Hess* 4/21/05 850-654-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #