


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90053 016 ***158.75

DOCUMENT # P97000066139

1. Entity Name
J & C AIR HANDLING SYSTEM, INC.



Principal Place of Business Mailing Address

1 FAIRGREEN AVE. **1 FAIRGREEN AVE.**
NEW SMYRNA BEACH, FL 32168 **NEW SMYRNA BEACH, FL 32168**

54029135



2. Principal Place of Business 3. Mailing Address

802 Magnolia Street **802 Magnolia Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

New Smyrna Beach, FL **New Smyrna Beach, FL**
 City & State City & State

04062004 Chg-P CR2E034 (10/03)

Zip Country Zip Country

32168 **32168**

4. FEI Number Applied For

59-3463223 Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCHETTE, CHRISTINE A
6325 ENGRAM RD
NEW SMYRNA BEACH, FL 32169

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: Christine A. Blanchetto DATE: 4-6-04

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

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

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANCHETTE, JR, JOSEPH H			NAME	Blanchette, Jr..Joseph H.		
STREET ADDRESS	1 FAIRGREEN AVE			STREET ADDRESS	802 Magnolia Street		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168			CITY-ST-ZIP	New Smyrna Beach, FL 32168		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANCHETTE, CHRISTINE A			NAME	Blanchette, Christine A.		
STREET ADDRESS	1 FAIRGREEN AVE			STREET ADDRESS	802 Magnolia Street		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168			CITY-ST-ZIP	New Smyrna Beach, FL 32168		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Christine A. Blanchetto DATE: 4-6-04 DAYTIME PHONE #: 386-423-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #