2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000062289



FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Name C&R AIR CONDITIONING-HEATING AND REFRIGERATION, INC.					04-26-2004 91025 041 ***150.00					
Principal Place of Business 272 CORONADA BLVD TITUSVILLE, FL 32780 Mailing Address 272 CORONADA BLVD TITUSVILLE, FL 32780 TITUSVILLE, FL 32780			•		1 (4.00) (1)		Dåtre åkkla blika ildir f			
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Numbe 59-338				olied For Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		3.75 Addi e Required		
6. Name and Address of Current Registered Agent			Nom	7. Name and Address of New Registered Agent Name						
ROBERTSON, CAROL 272 CORONADA BLVD TITUSVILLE, FL 32780				Street Address (P.O. Box Number is Not Acceptable)						
					· · · · · · · · · · · · · · · · · · ·		FL	Zip Code		
9. 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 Carul C Kollection Carol A. Robertson 4-22-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigneture required when renstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.										
10.	OFFICERS AND D	IRECTORS	11.			CHANGES TO O	FFICERS AND D	IRECTORS	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, ROBERT 272 CORONADA BLVD TITUSVILLE, FL 32780	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		ertson,			}Change lle,?I	□ Addition F1. 32780	
NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, CAROL A 272 CORONADA BLVD TITUSVILLE, FL 32780	□ Defete	TITLE NAME STREET ADORE CITY-ST-ZIP		ertson,	Carol A. lo Blvd.,		Change	□ Addition F1. 32780	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORE , CITY-ST-ZIP	ss .				_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	e e e e e e e e e e e e e e e e e e e	□ Deleta	TITLE NAME STREET ADDRE CITY-ST-ZIP	88	· · · · · · · · · · · · · · · · · · ·		<u> </u>] Change	Áddition	
12. I hereby certify that the information supplied with this filling 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. Carol A. Robertson, SIGNATURE: Wice Pres 4-22-04 (321) 264-9008										
	SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING OFFICER OR	DIRECTOR			Date	Dayt	me Phone #		