


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P98000101427</b> 1. Entity Name <b>CROFT HEATING &amp; AIR CONDITIONING, INCORPORATED</b>	
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Principal Place of Business <b>2955 NEW BERLIN RD. JACKSONVILLE, FL 32226</b>	Mailing Address <b>2955 NEW BERLIN RD. JACKSONVILLE, FL 32226</b>
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**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3547453</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

**ISAAC, FRED C  
2468 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207**

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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 *Hobson Lee Croft Jr* DATE 05/01/04

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFT, HOBSON L SR. 2955 NEW BERLIN RD. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFT, DAWN E 2955 NEW BERLIN RD. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROFT, HOBSON L JR. 2955 NEW BERLIN RD. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/06/04-80048-005 150.00

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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: *Hobson Lee Croft Jr* DATE 05/01/04 DAYTIME PHONE # 904-571-7853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR