

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 24 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06172004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000028340</b> 1. Entity Name <b>PROFESSIONAL HEATING &amp; COOLING, INC.</b>					
Principal Place of Business <b>7050 15TH STREET EAST # 7 SARASOTA, FL 34243</b>			Mailing Address <b>7050 15TH STREET EAST # 7 SARASOTA, FL 34243</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0908730</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GELINAS, LORI 3043 GULFWIND DR LAND O LAKES, FL 34639</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MERRILL, GARY</b> <b>5510 CYNTHIA LANE</b> <b>SARASOTA, FL 34235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MASTOIANI, MICHAEL</b> <b>3505 65TH STREET W</b> <b>BRADENTON, FL 34209</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MERRILL, SEVEVA</b> <b>5510 CYNTHIA LANE</b> <b>SARASOTA, FL 34235</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300038248173</b> <b>06/24/04--01080--001</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>**61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Seveva R. Merrill</u> <b>SEVEVA R. MERRILL</b>			Date: <u>6/17/04</u> Daytime Phone #: <u>(941) 378-9500</u>		