2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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AMENDED ANNOAL KET OKT									
DOCUMENT # P9900028340 1. Entity Name PROFESSIONAL HEATING & COOLING, INC.					OL JUN 24 AM 11:25				
					SECHETABY OF STATE TALLAHASSEE FLORIDA				
Principal Place of Business Mailing Address					TALLAHASSEE FLORIDA				
7050 15TH STREET EAST 7050 15TH STREET EAST			ST			11 1000			
#7 #7									
SARASOTA, FL 34243 SARASOTA, FL 34243									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06172004 Chg-P CR2E034 (10/03)					
City & State		City & State			4. FEI Number Applied For 65-0908730 Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	legistered A	gent	
GELINAS, LORI				·		1			·
3043 GULFWIND DR LAND O LAKES, FL 34639			Street	Street Address (P.O. Box Number is Not Acceptable)					
LAND O LAKES, FL 34039							-		
			City				FL	Zip Code	a
 The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent. 				or register	ed agent, or bo	th, in the State of Fl	orida. I am fa	ımiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. Election Campaign Financing \$5.00 May Be									
Am	ended AR is \$61.25			ed to Fees		•			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE			TITLE	<u> </u>				☐ Change	Addition
NAME	MERRILL, GARY	RRILL, GARY NAM							
STREET ADDRESS	5510 CYNTHIA LANE			s					
CITY-ST-ZIP			CITY-ST-ZIP	\perp			~		
TITLE	, 72		TITLE		, C				· — · · · //
NAME STREET ADDRESS	MASTOIANNI, MICHAEL 3505 65TH STREET W		NAME STREET ADDRES						
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	°					
TITLE	S .	□ Delete	TITLE	+	3	00038	248	T (figures)	Addition
NAME	MERRILL, SEVEVA	□ Delete	NAME		06/2	00038 4/040108	30001	**61	
STREET ADDRESS	5510 CYNTHIA LANE		STREET ADDRES	s					
CITY-ST-ZIP	SARASOTA, FL 34235		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	1				☐ Change	☐ Addition
NAME		س <i>و در سی</i> ه حصد	STREET ADDRES		- har.		÷		
STREET ADDRESS CITY-ST-ZIP	i		CITY-ST-ZIP	`					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME .			NAME						
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP			CITY-ST-ZIP						
40 I basabas	portify that the information eventied with	this filing does not qualify for	the everation of	totod in Co	otion 110 07/2)/	ii) Elorido Statutos	I further corti	fu that the ir	formation

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.

GNATURE:

| Comparison of 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.

| Comparison of 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.

| Comparison of 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.

| Comparison of 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 in Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if Changed in Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if Chapter 607, Florida Statutes, and that my name appears in

SIGNATURE: SIGNATURE A