
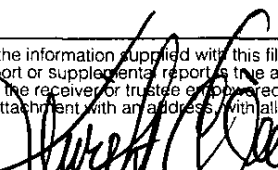


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90248 015 ***150.00

DOCUMENT # P99000029835			
1. Entity Name ALOHA AIR HEATING & COOLING, INC.			
Principal Place of Business 2344 PELLAM BLVD PORT CHARLOTTE FL 33948		Mailing Address 2344 PELLAM BLVD PORT CHARLOTTE FL 33948	
2. Principal Place of Business 2474 PELLAM BLVD. Suite, Apt. #, etc.		3. Mailing Address 2474 PELLAM BLVD. Suite, Apt. #, etc.	
City & State Port Charlotte, Fla		City & State Port Charlotte, Fl	
Zip 33948-3328		Zip 33948-3328	
Country		Country	
6. Name and Address of Current Registered Agent MATTHEWS, JAMES 22212 MONTROSE RD PORT CHARLOTTE FL 33952		7. Name and Address of New Registered Agent Name: Dwight C. Williams Street Address (P.O. Box Number is Not Acceptable): 2474 PELLAM BLVD. City: Port Charlotte FL Zip Code: 33948-3328	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: DWIGHT C WILLIAMS (typed or printed name of registered agent and title if applicable) Signature: Dwight C Williams (Registered Agent Signature required when reinstating) Date: 4-20-04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PVST WILLIAMS, DWIGHT C 2344 PELLAM BLVD PORT CHARLOTTE FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dwight C. Williams PVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2474 PELLAM BLVD. Port Charlotte, FL 33948-3328
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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dwight C. Williams President		Date: 4-20-04 Daytime Phone #: 941-624-2223	