2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000031475

1. Entity Name
CLYDE CARPENTER AIR CONDITIONING & HEATING, INC.

Principal Place of Business	Mailing Address
5301 COLONY MEADOWS LN SARASOTA, FL 34233	5301 COLONY MEADOWS LN SARASOTA, FL 34233

07042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0906055
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, CLYDE
5301 COLONY MEADOWS LANE
SARASOTA, FL 34233

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARPENTER, CLYDE
STREET ADDRESS	5301 COLONY MEADOWS LN
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VP
NAME	CARPENTER, MARTIN
STREET ADDRESS	5301 COLONY MEADOWS LN
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	ST
NAME	CARPENTER, JR., CLYDE B
STREET ADDRESS	5301 COLONY MEADOWS LN
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/04-80029-013 550.00

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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: Clyde B. Carpenter 7-8-04 941-349-3233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #