


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90028 043 ***150.00

DOCUMENT # P99000064764	
1. Entity Name BILL PRATT'S AIR CONDITIONING AND HEATING, INC.	

Principal Place of Business 6001 JOHNS RD. SUITE #146 TAMPA FL 33634	Mailing Address 616 GLADSTONE LANE HOLMES BEACH FL 34217
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2. Principal Place of Business Suite William G. Pratt 616 Gladstone Ln Holmes Beach FL 34217-1222	3. Mailing Address Suite, Apt. #, etc.
City	City & State

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent ST. PAUL, ALEXANDRA 1111 3RD AVE W, SUITE 300 BRADENTON FL 34205	
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59-3587464

MOORE CR2E034 (11/03)

4. FEI Number **59-3587464**

Applied For
Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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)

Signature, typed or printed name of registered agent and title if applicable. DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, WILLIAM G 616 GLADSTONE LANE HOLMES BEACH FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: WILLIAM G. PRATT *William G. Pratt* 1/29/04 941-778-2423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #