2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000069299

1. Entity Name

TRI-US HEATING & COOLING INC.



Principal Place of Business

Mailing Address

1991 LEVINE LANE CLEARWATER, FL 33760 1991 LEVINE LANE CLEARWATER, FL 33760

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90106 031 ***150.00

.



DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3593462

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VADDER, JOSEPH D 1991 LEVINE LANE CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE .	Р				
NAME	VADDER, JOSEPH D				-
STREET ADDRESS	1991 LEVINE LANE				
CITY-ST-ZIP	CLEARWATER, FL 33760		ŀ		
TITLE	VP		1		
NAME	VADDER, BONNIE		l		
STREET ADDRESS	1991 LEVINE LANE				
CITY-ST-ZIP	CLEARWATER, FL 33760		ł		•
TITLE			7		
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CITY-ST-ZIP				DU	NOT WRITE
TITLE				INI -	THIS SPACE
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STREET ADDRESS					
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STREET ADDRESS					

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:

CITY-ST-ZIP

STREET ADDRESS CITY+ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VALUE R. PRE

1-13-05

Daytime Phone #