2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# P99000094265

Entity Name: TOTAL COMFORT SOLUTIONS, INC.

Current Principal Place of Business:

1693 ASTON HALL COURT
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

3545-1 ST. JOHNS BLUFF RD. SOUTH
SUITE 316
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3605193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMENAMY, WILLIAM B
50 NORTH LAURA STREET
SUITE 2925
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	PARKER, JOSEPH K	
Address:	4566 MAINMAST LANE	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	TD	( ) Delete
Name:	WILLIAMS, THOMAS N	
Address:	521 HONEY LOCUST LANE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	P	( ) Delete
Name:	CREWS, MICHAEL W	
Address:	135 JANELLE LANE	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	S	( ) Delete
Name:	WILLIAMS, THOMAS A	
Address:	1693 ASTON HALL CT.	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. WILLIAMS S 01/12/2005

Electronic Signature of Signing Officer or Director — Date