


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90761 010 \*\*\*150.00

<b>DOCUMENT # S00168</b> 1. Entity Name WILLIAMS TRANE OF FLORIDA, INC.					
Principal Place of Business 162 COMMERCIAL DRIVE PENSACOLA, FL 32533			Mailing Address 162 COMMERCIAL DRIVE CANTONMENT, FL 32533 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-0513765	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LEADER, MELVIN JR. 162 COMMERCIAL DRIVE PENSACOLA, FL 32533				7. Name and Address of New Registered Agent Name <u>Turnbow, R. Wood.</u> Street Address (P.O. Box Number is Not Acceptable) <u>162 Commercial Dr</u> City <u>Cantonment</u> FL Zip Code <u>32533</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEADER, MELVIN JR		NAME		
STREET ADDRESS	5640 TARPON COURT		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, GAIL B		NAME		
STREET ADDRESS	404 POINCIANA DIRVE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ROBERT R		NAME		
STREET ADDRESS	404 POINCIANA DIRVE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL		CITY-ST-ZIP		
TITLE	CFO <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNBOW, R. WOOD		NAME		
STREET ADDRESS	3650 OLD SHELL RD		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, FL 36608		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/30/04</u> <small>Date Daytime Phone #</small>		