

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39407

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: C & L AIR CONDITIONING AND REFRIGERATION, INC.

**Current Principal Place of Business:**

4907 NEWTON AVE S  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

4907 NEWTON AVE S  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 59-3066500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEASURE, CHARLES H.  
4907 NEWTON AVE. S.  
GULFPORT, FL 33707 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: PD ( ) Delete  
Name: LEASURE, CHARLES H  
Address: 1636 ANASTASIA WAY SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: STD ( ) Delete  
Name: LEASURE, EILEEN K  
Address: 1636 ANASTASIA WAY SOUTH  
City-St-Zip: ST PETERSBURG, FL 33712

Title: VP ( ) Delete  
Name: IMAMURA, MITCHELL C  
Address: 4245-3 AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

**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:

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: EILEEN K. LEASURE

STD

04/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date