2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 17, 2005 08:00 AM DOCUMENT # S84057 **Secretary of State** JARVIS HEATING AND AIR CONDITIONING, INC. Principal Place of Business Mailing Address 310 FLATWOOD ROAD PO BOX 490863 LEESBURG, FL 34749-0863 US LEESBURG, FL 34748 02102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3085437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JARVIS, WILLIAM T. DO NOT WRITE 310 FLATWOOD ROAD LEESBURG, FL 34748 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000233883 02/17/05-80050-017 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PC TITLE JARVIS, WILLIAM T. NWE 310 FLATWOOD ROAD STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE NAME STREET ADDRESS CITY-ST-ZIP mie NWÆ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TIFLE NAME STREET ADDRESS CITY-ST-ZIP MIE NAME STREET ADORESS

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 of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

CITY-ST-7IP

NO OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIG