

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

|                                                                                         |                                                                                   |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # V32418</b><br>1. Entity Name<br>NORTHWEST FLORIDA HEATING & COOLING, INC. |  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>209 LOVEJOY ROAD<br>FORT WALTON BEACH, FL 32548-3419 | Mailing Address<br>209 LOVEJOY ROAD<br>FORT WALTON BEACH, FL 32548-3419 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-P CR2E034 (10/03)

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>Not Applicable |
|---------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEY, JAMES L.  
32 OVERSTREET  
MARY ESTHER, FL, FL 32569

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000115826  
04/16/04-80039-022 150.00

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPS<br>LEY, JAMES L.<br>32 OVERSTREET DR<br>MARY ESTHER, FL 32569 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 APRIL 2004

Date

850-243-3554

Daytime Phone #