


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90479 004 \*\*\*150.00

<b>DOCUMENT # K24385</b> 1. Entity Name <b>OCEAN AIR &amp; HEAT INC.</b>					
Principal Place of Business <b>7084 FLORIDANA AVE MELBOURNE BEACH FL 32951 US</b>			Mailing Address <b>7084 FLORIDANA AVE MELBOURNE BEACH FL 32951 US</b>		
2. Principal Place of Business <b>245 HERON DR</b>			3. Mailing Address <b>245 HERON DR</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>MELBOURNE BEACH FL</b>			City & State <b>MELBOURNE BEACH FL</b>		
Zip <b>32951</b>		Country <b>US</b>		4. FEI Number <b>59-2899179</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HILL, MORRIS EDWARD, III 7084 FLORIDANA AVE MELBOURNE BEACH FL 32951</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Acceptable) <b>245 HERON DR MELBOURNE BEACH FL 32951</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, MORRIS EDWARD 7084 FLORIDANA AVE MELBOURNE BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>245 HERON DR</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>[Signature]</i> <b>2/4/04 821 727-7201</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					