


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J51644
 1. Entity Name
ADVANCE AUTO AIRCONDITIONING & HEATING, INC.



Principal Place of Business 1964 CASSATE AVE. JACKSONVILLE, FL 32210	Mailing Address 1964 CASSATE AVE. 1964 CASSET AVE JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-2755335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DOLAN, JAMES
 1964 CASSATE AVE.
 JACKSONVILLE, FL 32210**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, JAMES 1964 CASSET AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY, RONALD 1964 CASSET AVE JACKSONVILLE, FL
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 04/17/06-80019-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James J. Dolan **James J. Dolan** 3/29/06 (904) 387-344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #