## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000128744

Entity Name: HIGDON HEATING & AIR CONDITIONING, INC.

**FILED** May 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Bu
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2738 PGA BLVD 3249 COUNTRY CLUB DR. NAVARRE, FL 32566 LYNN HAVEN, FL 32444

**Current Mailing Address: New Mailing Address:** 

3249 COUNTRY CLUB DR. 2738 PGA BLVD NAVARRE, FL 32566 LYNN HAVEN, FL 32444

FEI Number: 58-2487001 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SWATTS, HIGDON S SWATTS, HIGDON S 2738 PGÁ BLVD 3249 COÚNTRY CLUB DR. NAVARRE, FL 32566 LYNN HAVEN, FL 32444 US US

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: 05/06/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete

SWATTS, HIGDON S Name: 2738 PGA BLVD Address: City-St-Zip: NAVARRE, FL 32566

Title: () Delete Name: CAMPBELL, SHANNA L 2738 PGA BLVD Address: NAVARRE, FL 32566 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

SWATTS, HIGDON S Name: Address: 3249 COUNTRY CLUB DR. City-St-Zip: LYNN HAVEN, FL 32444

Title: (X) Change ( ) Addition

CAMPBELL, SHANNA L Name: Address: 3249 COUNTRY CLUB DR. LYNN HAVEN, FL 32444 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: HIGDON STONE SWATTS **PRES** 05/06/2005