2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000141337

WYLEY F. JOHNSON A/C & HEATING, INC.



Principal Place of Business

37606 TALL PINES DR ZEPHYRHILLS, FL 33542 Mailing Address

37606 TALL PINES DR ZEPHYRHILLS, FL 33542

FILED

Jan 10, 2006 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 02-0712825 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WYLEY F 37606 TALL PINES DR ZEPHYRHILLS, FL 33542

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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 (NCTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			ing 🔲	\$5.00 May Be Added to Fees	######################################
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY ST 21P	D JOHNSON, WYLEY F 37606 TALL PINES DR ZEPHYRHILLS, FL 33542				
TITLE NAME STREEF ADDRESS GUY SC ZIP					··· ··
TITLE NAME STREET ADDRESS CITY ST ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY ST ZIP					THIS SPACE
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MILE NAME SIREET AODRESS CHY ST ZIP				Annual Statement	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 it 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. Mu

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR