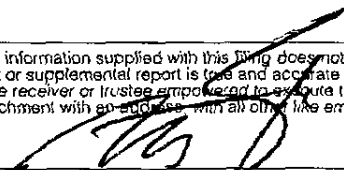


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 201477 1. Entity Name HAMRICK AIR CONDITIONING & HEATING, INC.			
Principal Place of Business 2400 N PACE BLVD PENSACOLA, FL 32505		Mailing Address 2400 N PACE BLVD PENSACOLA, FL 32505	
DO NOT WRITE IN THIS SPACE			
		04122006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0801438	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMRICK, WILLIAM S 2400 NORTH PACE BLVD PENSACOLA, FL 32505		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000507073 04/27/06-90048-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM HAMRICK, WILLIAM S. 1501 E BLOUNT PENSACOLA, FL 32503	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-12-06 850-432-3326 Date Daytime Phone #	