


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 261996 1. Entity Name HUXHAM HEATING AND AIR CONDITIONING, INC.	
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Principal Place of Business JACKSONVILLE BEACH JACKSONVILLE BEACH, FL 32250 US	Mailing Address 1078 9TH ST S JACKSONVILLE BEACH, FL 32250 US
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0975202	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

GILBERT, JAMES  
1078 9TH ST. SOUTH  
JACKSONVILLE BEACH, FL 32250

**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, 2005 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	PD GILBERT, JAMES 1078 9TH STREET, SOUTH JACKSONVILLE BEACH, FL 32050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GILBERT, DORI LIN 1078 9TH STREET S JACKSONVILLE BEACH, FL 32250
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~~02/11/05-01057-001 \*\*150.00~~

02/11/05-80027-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 02/09/05 Daytime Phone # 904-246-6721