
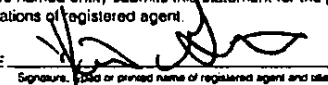
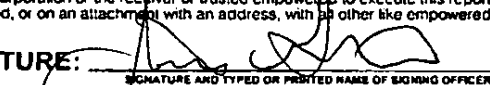


FILED
Feb 15, 2006 8:00 am
Secretary of State

01-19-2006 90082 016 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|--|--|---|
| DOCUMENT # 261996 | |  | |
| 1. Entity Name HUXHAM HEATING AND AIR CONDITIONING, INC. | | | |
| Principal Place of Business JACKSONVILLE BEACH JACKSONVILLE BEACH, FL 32250 US | | Mailing Address 1078 9TH ST S JACKSONVILLE BEACH, FL 32250 US | |
| 2. Principal Place of Business 2101 FLORIDA BLVD Suite, Apt. #, etc. | | 3. Mailing Address 2101 FLORIDA BLVD Suite, Apt. #, etc. | |
| City & State NEPTUNE BEACH, FL | | City & State NEPTUNE BEACH | |
| Zip 32266 | Country DUAL | Zip 32266 | Country DUAL |
| 4. FEI Number 59-0975202 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GILBERT, JAMES 1078 9TH ST. SOUTH JACKSONVILLE BEACH, FL 32250 ADDRESS CHANGE ONLY | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 FLORIDA BLVD City NEPTUNE BEACH FL Zip Code 32266 | |
| 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  PRES 1/18/06 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PO GILBERT, JAMES 1078 9TH STREET, SOUTH JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2101 FLORIDA BLVD NEPTUNE BEACH, FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSTD GILBERT, DORI LIN 1078 9TH STREET S JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2101 FLORIDA BLVD NEPTUNE BEACH, FL 32266 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | | 2/13/06 904-246-6721 Date Daytime Phone # | |

ATTACHMENT



66001429

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

HUXHAM HEATING AND AIR CONDITIONING, INC.
2101 FLORIDA BLVD
NEPTUNE BEACH, FL 32266 US

Subject: HUXHAM HEATING AND AIR CONDITIONING, INC.

Reference Number:

261996

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

Florida Dept of State
Div. of Corp.
P.O. Box 1500
Tallahassee, FL 32302-1500

P.O. BOX 6327 - Tallahassee, Florida 32314