2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 283826

1. Entity Name
COOLING & HEATING, INC.

Principal Place of Business	Mailing Address
P O DRAWER 700 70 EGLIN PARKWAY N. E. FT. WALTON BEACH, FL 32549	P O DRAWER 700 FT WALTON BEACH, FL 32549-0700

04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1059472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANNE GIBSON
249 BROOKS STREET S.E.
FT. WALTON BEACH, FL 32548

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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: John M Gibson John M Gibson V.P 4-2005
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

U00000322542
04/22/05-80018-020 15

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIBSON, AUDREY E
STREET ADDRESS	903 THE MASTERS BLVD
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	VP
NAME	GIBSON, J M
STREET ADDRESS	829 KELLAIRE CT
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	SDTD
NAME	GIBSON, CHRISTIANNE
STREET ADDRESS	249 BROOKS ST SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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: John M Gibson John M Gibson V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #