# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # 347788

1. Entity Name
TRADITION CENTRAL AIR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 890 34TH ST NW<br>WINTER HAVEN, FL 33881 US | 890 34TH ST NW<br>WINTER HAVEN, FL 33881 US |

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1261407
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILCOX, DAVID
1201-6TH AVE. W., 4TH FLOOR
308 13TH ST W
BRADENTON, FL 34205

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000422738
02/17/06-80027-025 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | REVELL, TIM |
| STREET ADDRESS | 4406 DOLPHIN LANE |
| CITY-ST-ZIP | PALMETTO, FL |
| TITLE | S |
| NAME | REVELL, SUE |
| STREET ADDRESS | 4406 DOLPHIN LANE |
| CITY-ST-ZIP | PALMETTO, FL |
| TITLE | VP |
| NAME | TURVIN, ED |
| STREET ADDRESS | 108 ARIETTA SHORES DR |
| CITY-ST-ZIP | AUBURNDALE, FL 33823 |
| TITLE | T |
| NAME | CRIBBS, BARBARA |
| STREET ADDRESS | 208 E LAKE HOWARD DR APT 203 |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** _____ 2-03-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #