

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 402015

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: LEGGETT HEATING & AIR CONDITIONING, INC.

**Current Principal Place of Business:**

660 KING ST  
JAX, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

660 KING ST  
JAX, FL 32204 US

**New Mailing Address:**

FEI Number: 59-1400596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEGGETT, TERRY W.  
3909 BOONE PARK AVENUE  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEGGETT, TERRY W.,  
Address: 3909 BOONE PARK AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ST ( ) Delete  
Name: LEGGETT, GAIL H,  
Address: 3909 BOONE PARK AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP ( ) Delete  
Name: WARLITNER, TRACI L  
Address: 2897 SYDNEY STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Delete  
Name: WARLITNER, BILLY G  
Address: 2897 SYDNEY STREET  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: LEGGETT, TERRY W.,  
Address: 3909 BOONE PARK AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ST (X) Change ( ) Addition  
Name: TRACI L WARLITNER,  
Address: 2987 SYDNEY STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: P (X) Change ( ) Addition  
Name: WARLITNER, BILLY G  
Address: 2897 SYDNEY STREET  
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACI L. WARLITNER

ST

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date