2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
04-17-2006 90337 034 ***150.00

DOCUMENT # 447211

1. Entity Name
ST. JOHNS HEATING AND AIRCONDITIONING, INC.

Principal Place of Business	Mailing Address
42 CENTER ST. ST. AUGUSTINE, FL 32095	42 CENTER ST. ST. AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1542601
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREDRICK L. RICE
108 KING ST
ST. AUGUSTINE, FL 32084

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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 Margie Fox V.P. 4/10/06
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOX, GARY A.
STREET ADDRESS	1629 NATALIE ROAD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	V
NAME	FOX, MARGIE
STREET ADDRESS	215 ESTRADA STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	D
NAME	FOX, MARGIE
STREET ADDRESS	215 ESTRADA STREET
CITY-ST-ZIP	ST. AUGUSTINE, FL
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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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: Margie Fox MARGIE FOX 4-10-06 904 829 6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #