

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 538050

1. Entity Name

MATTSON HEATING - AIR CONDITIONING AND GAS
SERVICE, INC.



Principal Place of Business

8422 TIPPIN AVENUE
PENSACOLA FL 32514

Mailing Address

8422 TIPPIN AVENUE
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FCI Number

59-1756311

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATTSON, VERNON EDWIN
8422 TIPPIN AVENUE
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: MATTSON, VERNON E.
STREET ADDRESS: 8422 TIPPIN AVENUE
CITY-STATE-ZIP: PENSACOLA FL

TITLE: ST ☐ Delete
NAME: MATTSON, VIRGINIA M.
STREET ADDRESS: 8422 TIPPIN AVENUE
CITY-STATE-ZIP: PENSACOLA FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS: 000000522401
CITY-STATE-ZIP: 05/03/06-80028-003 150.00

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Virginia M. Mattson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2006 850-944-5356

Date

Daytime Phone #