2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 670047

1. Entity Name
WHALEY'S AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
26755 OLD 41ST RD SUITE 5 BONITA SPRINGS, FL 34135 US	26755 OLD 41 RD SUITE 5 BONITA SPRINGS, FL 34135 US

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2017426	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHALEY, MICHAEL E.
27252 GASPARILLA DR.
BONITA SPRINGS, FL

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7. 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, 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	PT	
NAME	MICHAEL E. WHALEY	
STREET ADDRESS	27252 GASPARILLA DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VS	
NAME	WHALEY, JUDY A	
STREET ADDRESS	27252 GASPARILLA DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/03/06-60020-024 150.00

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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: _Michael E. Whaley_   Michael E. Whaley   2/17/06   2399926453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #