

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90077 023 \*\*\*150.00

**DOCUMENT # F82048**

1. Entity Name

**SOUTHERN HEATING AND AIR CONDITIONING  
COMPANY, INC.**



Principal Place of Business

10606 FT. CAROLINE RD  
JACKSONVILLE FL 32225  
US

Mailing Address

10606 FT. CAROLINE RD.  
JACKSONVILLE FL 32225

2. Principal Place of Business

**15032 CAPE DR. EAST**

Suite, Apt. #, etc.

3. Mailing Address

**15032 CAPE DR. EAST**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

Zip

**32226**

Country

**USA, DUVAL**

Zip

**32226**

Country

**USA DUVAL**

4. FEI Number

**59-2197469**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRIZENDINE, RILEY G  
10606 FORT CAROLINE RD.  
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **RILEY G. BRIZENDINE**

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

**15032 CAPE DR. EAST**

City

**JACKSONVILLE**

FL

Zip Code

**32226**

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, 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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BRIZENDINE, RILEY G PRES**  
STREET ADDRESS **10606 FORT CAROLINE RD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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:** *R. Glenn Brizendine* **R. GLENN BRIZENDINE** **1/24/06** **904 642-8232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #