

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90075 032 ***150.00

DOCUMENT # H18747

1. Entity Name

DEPRIEST AIR CONDITIONING & HEATING, INC.



Principal Place of Business

340 HWY 17 S.
E. PALATKA FL 32131

Mailing Address

340 HWY 17 S.
E. PALATKA FL 32131

24007919



MOORE

CR2E034 (11/03)

2. Principal Place of Business

342 Hwy 17 S.

Suite, Apt. #, etc.

3. Mailing Address

342 Hwy 17 S.

Suite, Apt. #, etc.

City & State

EAST PALATKA, FL.

City & State

EAST PALATKA, FL.

4. FEI Number

59-2934447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEPRIEST, BARRY
7724 A1A SOUTH
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

DePriest, BARRY

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

7891 A1A South

City

St. Augustine

FL

Zip Code

32080

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

1-28-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PD ☐ Delete
NAME DEPRIEST, JACK
STREET ADDRESS 340 HWY 17 S.
CITY-ST-ZIP E. PALATKA FL

TITLE VD ☐ Delete
NAME DEPRIEST, BARRY
STREET ADDRESS 7724 A1A S.
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ST ☐ Delete
NAME DEPRIEST, DELORES
STREET ADDRESS P.O. BOX 516 CENTRAL AVE
CITY-ST-ZIP SAN MATEO FL 32187

TITLE 2V ☐ Delete
NAME DEPRIEST, STEVEN
STREET ADDRESS 340 HWY 17 S.
CITY-ST-ZIP EAST PALATKA FL 32131

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 PD ☒ Change ☐ Addition
NAME DePriest, JACK
STREET ADDRESS 342 Hwy 17 S.
CITY-ST-ZIP E. Palatka, FL. 32131

TITLE VD ☒ Change ☐ Addition
NAME DePriest, BARRY
STREET ADDRESS 7891 A1A South
CITY-ST-ZIP St. Augustine, FL. 32080

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

TITLE 2V ☒ Change ☐ Addition
NAME DePriest, Steven
STREET ADDRESS 342 Hwy 17 S.
CITY-ST-ZIP EAST Palatka, FL. 32131

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 exemption stated in Section 119.07(3)(i), 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:

Deloris J. DePriest - Deloris J. DePriest

1-28-04

386-328-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #