

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # H18747



1. Entity Name

DEPRIEST AIR CONDITIONING & HEATING, INC.

Principal Place of Business

342 HWY 17 S.
E. PALATKA FL 32131

Mailing Address

342 HWY 17 S.
E. PALATKA FL 32131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2934447**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

DEPRIEST, BARRY
7891 A1A SOUTH
SAINT AUGUSTINE FL 32080

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
DEPRIEST, JACK
342 HWY 17 S.
EAST PALATKA FL 32131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
DEPRIEST, BARRY
7891 A1A SOUTH
SAINT AUGUSTINE FL 32080 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000000597429
01/24/07-80036-012, 150.00

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

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:

Deloris Deloris Deloris DePriest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07

386-328-0000

Date

Daytime Phone #