2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # J22642 1. Entity Name 03-13-2006 90056 012 ***150.00 DARNELL AIR CONDITIONING AND HEATING, INC. Principal Place of Business Mailing Address 298 COLLEGE DR. 298 COLLEGE DR. ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 2. Principal Place of Business 3. Mailing Address 170-C College Dr 7.0. Box 64248 Suite, Apt. #, etc Suite, Apt. #, etc. 03032006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 59-2691769 Not Applicable Uranae Orange Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARNELL, GREG R. Street Address (P.O. Box Number is Not Acceptable) 298 COLLEGE DR. ORANGE PARK, FL 32065 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. 3-7-06 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Addition Delete TITLE TITLE DARNELL, DEBRA J NAME STREET ADDRESS 298 COLLEGE DR. STREET ADDRESS ORANGE PARK, FL 32065 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE DARNELL, GREG R NAME 298 COLLEGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE DARNELL, BRIAN K NAME NAME STREET ADDRESS 298 COLLEGE DR. STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32065 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE DARNELL, CLINTON R NAME NAME STREET ADDRESS 4188 DEER TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG, FL 32068 Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Mar 13, 2006 8:00 am