


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # J22642	
1. Entity Name DARNELL AIR CONDITIONING AND HEATING, INC.	

Principal Place of Business 170-C COLLEGE DR ORANGE PARK, FL 32065	Mailing Address P.O. BOX 66268 ORANGE PARK, FL 32065
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2691769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DARNELL, GREG R. 298 COLLEGE DR. ORANGE PARK, FL 32065
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000786880 01/17/08-80060-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE ST	DARNELL, DEBRA J 298 COLLEGE DR. ORANGE PARK, FL 32065
TITLE P	DARNELL, GREG R 298 COLLEGE DR. ORANGE PARK, FL 32065
TITLE VP	DARNELL, BRIAN K 298 COLLEGE DR. ORANGE PARK, FL 32065
TITLE 2VP	DARNELL, CLINTON R 4188 DEER TRAIL MIDDLEBURG, FL 32068
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

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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: Debra Darnell ST 1-14-08 9042720414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #