


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 12, 2006 8:00 am
Secretary of State

04-17-2006 90367 015 ***150.00

DOCUMENT # J31699
 1. Entity Name
HVAC TESTING SERVICES, INC.



Principal Place of Business Mailing Address
1026 CAMPBELL ST **PO BOX 2744**
THOMASVILLE, GA 31792 **THOMASVILLE, GA 31799-2744**

66016403



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

02022006 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
58-1851478 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MITCHELL, WILMER H
130 EAST GOVERNMENT STREET
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent
 Name **CHARLES B. KNIGHT**
 Street Address (P.O. Box Number is Not Acceptable)
3244 STORRINGTON DRIVE
 City **TALLAHASSEE** FL Zip Code **32309**

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: *Charles B. Knight* (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	LANG, THOMAS G	
STREET ADDRESS	1312 LOVERS LANE	
CITY-ST-ZIP	THOMASVILLE, GA 31792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: *T. Gregory Lang* T. GREGORY LANG - PRES. 5/4/06 229/227-0255
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #