


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # K10702</b> 1. Entity Name <b>WOMMACK HEATING AND AIR CONDITIONING, INC.</b>					
Principal Place of Business <b>5140 MAIN ST. STE. 2 NEW PORT RICHEY FL 34652 US</b>			Mailing Address <b>5140 MAIN ST SUITE 2 NEW PORT RICHEY FL 34652 US</b>		
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 <b>59-2866185</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WOMMACK, BOBBY 5140 MAIN ST SUITE 2 NEW PORT RICHEY FL 34652</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when completing) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! - FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>WOMACK, BOBBY 7325 DAGGETT TERR. NEW PORT RICHEY FL 34655</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000390854 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/23/08-80002-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** Bobby A. Wommack **Bobby A. Wommack** 4/8/08 727 862-9893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR