

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90284 050 ***150.00

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1. Entity Name

S. WAYNE WHITMIRE AIR CONDITIONING & ELECTRIC,
INC.



Principal Place of Business

500 SOUTH LAKE AVENUE
C/O S. WAYNE WHITMIRE
AVON PARK, FL 33825

Mailing Address

500 SOUTH LAKE AVENUE
C/O S. WAYNE WHITMIRE
AVON PARK, FL 33825



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2990678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITMIRE, S. WAYNE
500 SOUTH LAKE AVENUE
AVON PARK, FL 33825

**DO NOT WRITE
IN THIS SPACE**

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, 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	PD
NAME	WHITMIRE, S. WAYNE
STREET ADDRESS	380 ARBUCKLE BLVD.
CITY-ST-ZIP	AVON PARK, FL
TITLE	SD
NAME	WHITMIRE, DELORES V.
STREET ADDRESS	380 ARBUCKLE BLVD.
CITY-ST-ZIP	AVON PARK, FL
TITLE	DV
NAME	WHITMIRE, SPENCER W., JR.
STREET ADDRESS	190 S. KISSIMMEE BLVD. 138 S. Riverdale Rd.
CITY-ST-ZIP	AVON PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. WAYNE WHITMIRE 4/10/06 863-453-3019

Date

Daytime Phone #