2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## **FILED** Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # M88803 1. Entity Name ELLIS HEATING AND COOLING, INC. Mailing Address Principal Place of Business 3910 WATER OAK DR 3910 WATER OAK DR LAKELAND FL 33810 LAKELAND FL 33810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2953379 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACKBURN, ROSIE L. Street Address (P.O. Box Number is Not Acceptable) 3910 WATER OAK DR LAKELAND FL 33810 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D TITLE Change [ Addition TITLE Delete BLACKBURN, WILLIAM E. NAM: 000000266222 03/17/05-80022-004 150.00 NAME STREET ADDRESS STREET ADDRESS 3910 WATER OAK DR. CITY-ST-ZIP LAKELAND FL 33810 CHY-ST-ZIP TITLE Change Addition TITLE Delete BLACKBURN, ROSIE L. HAME NAME STREET ACORESS STREET ADDRESS 3910 WATER OAK DRIVE CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP Delete Change Addillon TITLE NAME NAME BLACKBURN, DAVID STREET ADDRESS STREET ADDRESS 1930 W SOCRUM LOOP CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL TITLE ☐ Change Addition | THE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME MAME SIREFI ADDRESS STATET ADDRESS CITY-ST-ZIP C11Y-S1-ZIP Defete $uu_{iF}$ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHIY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Daytime Phone # Date