## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 8:00 am **Secretary of State** DOCUMENT # M88803 1. Entity Name 03-08-2006 90179 010 \*\*\*150.00 ELLIS HEATING AND COOLING, INC. Principal Place of Business Mailing Address 3910 WATER OAK DR 3910 WATER OAK DR LAKELAND FL 33810 LAKELAND FL 33810 2. Principal Place of Business 3. Mailing Address 2161 Deer Brooke Ar 3665 Century Blod Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) # HA City & State City & State 4. FEI Number Applied For Likeland 59-2953379 Lake (sol Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 338U 33811 POLK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bleckbynn BLACKBURN, ROSIE L. Street Address (P.O. Box Number is Not Acceptable) 3910 WATER OAK DR LAKELAND FL 33810 Zip Code 33811 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 little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ■ Addition NAME BLACKBURN, WILLIAM E. NAME STREET ADDRESS 3910 WATER OAK DR. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BLACKBURN, ROSIE L. NAME STREET ADDRESS 3910 WATER OAK DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-78 TITLE ☐ Defete ☐ Change Addition NAME BIJACKBURN, DAVID NAME STREET ADDRESS STREET ADDRESS 1930 W SOCRUM LOOP CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE: Wellowin Ellis Blackboard 2 25 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 962 (60 Daving Proper)

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.