


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90029 034 \*\*\*150.00

<b>DOCUMENT # P00000005023</b> 1. Entity Name <b>HEATON AIR CONDITIONING &amp; HEATING, INC.</b>					
Principal Place of Business <b>245 N LAKE AVE APOPKA FL 32703</b>		Mailing Address <b>245 N LAKE AVE APOPKA FL 32703</b>			
2. Principal Place of Business <b>2948 PONKAN MEADOW DR</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2948 PONKAN MEADOW DR</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>APOPKA, FL</b> <small>Zip Country</small> <b>32712 USA</b>		City & State <b>APOPKA, FL</b> <small>Zip Country</small> <b>32712 USA</b>		4. FEI Number <b>59-3632748</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>HEATON, MICHAEL J 245 N LAKE AVE ALTOONA FL 32702</b>			
7. Name and Address of New Registered Agent <small>Name</small> <b>HEATON, MICHAEL J.</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>2948 PONKAN MEADOW DR</b> <small>City</small> <b>APOPKA</b> <small>FL</small> <small>Zip Code</small> <b>32712</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEATON, MICHAEL J 245 N LAKE AVE APOPKA FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEATON, MICHAEL J. 2948 PONKAN MEADOW DR APOPKA, FL 32712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** MICHAEL J. HEATON 3/2/06 407-826-7413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #