

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 001 \*\*\*150.00

**DOCUMENT # P00000008774**

1. Entity Name

ALPINE COOLING & HEATING, INC.



Principal Place of Business

3608 39TH AVENUE W  
BRADENTON FL 34205

Mailing Address

3608 39TH AVENUE W  
BRADENTON FL 34205

2. Principal Place of Business

4010 24 Ave. W.

Suite, Apt. #, etc.

3. Mailing Address

4010 24 Ave. W.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34205

Country

USA

Zip

34205

Country

USA

4. FEI Number

52-2222121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAGWELL, LISA  
802 11TH STREET WEST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name LISA - Bagwell

Street Address (P.O. Box Number is Not Acceptable)  
#1 South School Ave.

Suite #500

City Sarasota

FL

Zip Code

34237

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete  
NAME ELWELL, ROBERT E JR.  
STREET ADDRESS 5204 1ST AVE. DR. NW  
CITY-ST-ZIP BRADENTON FL 34209

TITLE VD ☒ Delete  
NAME BAGWELL, WILLIAM T  
STREET ADDRESS 3608 39TH AVE W  
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Robert E. Elwell Jr.* Robert E. Elwell Jr. 3-22-05 441-448-9590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #