

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000079627

1. Entity Name
VORTEX HEATING & AIR CONDITIONING, INC.



Principal Place of Business
6203 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

Mailing Address
6203 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3663891

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARTLETT, WALTER
6203 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
BARTLETT, WALTER
1050 ABBOTT AVENUE
SPRING HILL, FL 34609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HANNA, MICHAEL
13539 EVELANE DRIVE
HUDSON, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BARTLETT, TRACY
10461 CALICO WARBLER
BROOKSVILLE, FL 34613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000230747
04/07/05-80001-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X *[Signature]* X 4-4-05 (727) 857-9100