## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2006 8:00 am Secretary of State

DOCUMENT # P0100001204  1. Entity Name HENDRY'S AIR CONDITIONING, INC.						!	03-07-2006	5 90005 0	)46 ***15	0.00
Principal Plac 7508 AVOCE WESLEY CHA		Mailing Address 7508 AVOCET DRIVE WESLEY CHAPEL, FL 33544-2634					<b>5</b>     <b>25</b>     <b>25</b>  2	618 HPH 881H 41H	1982 (1 1 <b>89</b> )	
2. Principal P	lace of Business		3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02252006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Numb 59-368	<del>-</del>		<u> </u>	plied For t Applicable
Žip -	Country		Zip Cour		ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	itionat d
	6. Name and Add	ress of Current I	Name	7. Name and Address of New Registered Agent						
BOYETTE, MICHAEL C 36751 SR 54 WEST					SAME Street Address (P.O. Box Number is Not Acceptable) SAME					
ZEPHYRHILLS, FL 33541-6943					SAME 6611 Boyette Road					
					City Wesley Chapel FL 33544-3882					
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.  Michael C. Boyette 02/25/2006										
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, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND I		11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-				□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDRY, SEAN 1419 E HANNA AV TAMPA, FL 33610		☐ Delei	NAA STR			7.3		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dele	NAA Str	- 1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delei	NAA Str					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			□ Delei	NAM STR	l l			ir.	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Delet	NAM STR	- 1				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 impowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if										