

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90390 023 ***150.00

DOCUMENT # P01000007485

1. Entity Name

DUVAL HEATING AND AIR CONDITIONING, INC.



Principal Place of Business

18501 LANE ROAD
ALTOONA FL 32702

- LAKE RD

Mailing Address

18501 LANE ROAD
ALTOONA FL 32702

- Lake Rd



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3705927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUVAL, HAROLD W
18501 LAKE ROAD
ALTOONA FL 32702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reuniting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>TITLE: D <input type="checkbox"/> Delete</p> <p>NAME: DUVAL, HAROLD W</p> <p>STREET ADDRESS: 18501 LAKE ROAD</p> <p>CITY- ST- ZIP: ALTOONA FL 32702</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY- ST- ZIP:</p>
<p>TITLE: D <input checked="" type="checkbox"/> Delete</p> <p>NAME: DUVAL, LYNN L</p> <p>STREET ADDRESS: 18501 LAKE ROAD</p> <p>CITY- ST- ZIP: ALTOONA FL 32702</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY- ST- ZIP:</p>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07 (904) 667-7768

Date

Daytime Phone #