

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAR -9 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013616

1. Entity Name
HIGGINSON'S A/C SERVICE INC.



Principal Place of Business
5314 YATES RD
LAKELAND, FL 33811

Mailing Address
5314 YATES RD
LAKELAND, FL 33811

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

02152007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3697705

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

HIGGINSON, THOMAS M
5314 YATES ROAD
LAKELAND, FL 33811

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 re-registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

400093715074
03/19/07--01020--019 **\$61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HIGGINSON, THOMAS M
STREET ADDRESS 5314 YATES RD
CITY-ST-ZIP LAKELAND, FL 33811 ☐ Delete

TITLE V
NAME Higginson, Thomas M.
STREET ADDRESS 5314 Yates Road
CITY-ST-ZIP Lakeland, FL 33811 ☒ Change ☐ Addition

TITLE VST
NAME HIGGINSON, SHARON M
STREET ADDRESS 5314 YATES RD
CITY-ST-ZIP LAKELAND, FL 33811 ☐ Delete

TITLE PST
NAME Higginson, Sharon M.
STREET ADDRESS 5314 Yates Road
CITY-ST-ZIP Lakeland, FL 33811 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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: Sharon M. Higginson Sharon M. Higginson 2/15/07 (863) 701-9760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #