

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000063521

1. Entity Name
SCHUMAKER HEAT, AIR & REFRIGERATION, INC.



Principal Place of Business
**1010 SOUTH COUNTY RD. 3
PIERSON, FL 32180**

Mailing Address
**P.O. BOX 36
BARBERVILLE, FL 32105**



01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3740666

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUDDLESTON, MICHAEL C ESQ.
431 EAST NEW YORK AVE.
DELAND, FL 32720**

**DO NOT WRITE
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)

100000567807
06/30/06 2006-008 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PSD
SCHUMAKER, L. SCOTT
1010 SOUTH COUNTY RD. 3
PIERSON, FL 32180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SCHUMAKER, DANA
1010 SOUTH COUNTY RD. 3
PIERSON, FL 32180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana Schumaker
Dana Schumaker

Date

Daytime Phone #

1-8-06 3867493307