


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90040 021 \*\*\*150.00

**DOCUMENT # P01000075180**

1. Entity Name  
**GURLEY HEATING & AIR, INC.**



Principal Place of Business  
**2028 INDIAN SPRINGS DR.  
 JACKSONVILLE, FL 32246**

Mailing Address  
**2028 INDIAN SPRINGS DR.  
 JACKSONVILLE, FL 32246**

40017756



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01252007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-3736339**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**CRAWFORD, JOHN R  
 225 WATER STREET, STE. 900  
 JACKSONVILLE, FL 32202**

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

7. Name and Address of New Registered Agent  
 Name: **CRAWFORD, JOHN R.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1200 RIVERPLACE BLVD, STE 800**  
 City: **JACKSONVILLE** FL Zip Code: **32207**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURLEY, PAUL E 2028 INDIAN SPRINGS DR. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Paul E. Gurley PAUL E. GURLEY 2-12-07 904-221-6221  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #