

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000099533

1. Entity Name
STEWART HEATING & COOLING, INC.



Principal Place of Business
540 VALLY VIEW TR
MONTICELLO, FL 32344

Mailing Address
540 VALLY VIEW TR
MONTICELLO, FL 32344



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3749611

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DALZELL, LEIGH R
540 VALLEYVIEW TRAIL
MONTICELLO, FL 32344

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000616152
02/07/07-80016-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DALZELL, LEIGH R
STREET ADDRESS	540 VALLEYVIEW TRAIL
CITY - ST - ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	DALZELL, STEWART IV
STREET ADDRESS	540 VALLEYVIEW TRAIL
CITY - ST - ZIP	MONTICELLO, FL 32344
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

Date

Daytime Phone #

1-31-07