# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P02000019074**

1. Entity Name
TRANE DEPOT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8690 S. TROPICAL TRAIL<br>MERRITT ISLAND, FL 32952 | PO BOX 372114<br>SATELLITE BEACH, FL 32937 |

DO NOT WRITE IN THIS SPACE

04102006    No Chg-P    CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 01-0656317 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

EVANS, CAROL C
8690 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

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 *Carol C. Evans*    4/16/06

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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

U00000527123
05/04/06-80103-001  150.00

**10. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | PVST |
| NAME | EVANS, CAROL C |
| STREET ADDRESS | P.O. BOX 372114 |
| CITY-ST-ZIP | SATELLITE BEACH, FL 32937 |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Carol C. Evans*    4/16/06    321-777-6356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #