2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-11-2006 90234 048 ***150.00

DOCUMENT # P02000026918

1. Entity Name
ELITE AIR CONDITIONING & HEATING OF CENTRAL FLORIDA, INC.

66019573

Principal Place of Business	Mailing Address
POST OFFICE BOX 1558 APOPKA, FL 32704-1558	POST OFFICE BOX 1558 APOPKA, FL 32704-1558

04302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0666565
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIRKPATRICK, KARL
6316 AUTUMN CHASE LANE
ORLANDO, FL 32818

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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 THEODORE VON DER HEYDT 5-1-06
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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KIRKPATRICK, KARL
STREET ADDRESS	POST OFFICE BOX 1558
CITY-ST-ZIP	APOPKA, FL 327041558
TITLE	VD
NAME	VONDERHEYDE, THEODORE F
STREET ADDRESS	POST OFFICE BOX 1558
CITY-ST-ZIP	APOPKA, FL 327041558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 5/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #