

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90005 005 ***150.00

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1. Entity Name

HORTON'S CHIPLEY HEATING AND COOLING, INC.



Principal Place of Business

1230 JACKSON AVE
PO BOX 276
CHIPLEY FL 32428

Mailing Address

1230 JACKSON AVE
PO BOX 276
CHIPLEY FL 32428

2. Principal Place of Business

1500 Peel Rd.

3. Mailing Address

P.O. Box 276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chipley FL

City & State

Chipley FL

Zip

32428

Country

Zip

32428

Country

4. FEI Number

01-0701765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORTON, MICHAEL
5117 PEANUT ROAD
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name

Michael Horton

Street Address (P.O. Box Number is Not Acceptable)

5420 A Ewell St

City

Graceville

FL

Zip Code

32440

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 Michael Horton

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP
NAME HORTON, PAIGE ☐ Delete
STREET ADDRESS PO BOX 276
CITY-ST-ZIP CHIPLEY FL 32428

TITLE Pres
NAME Michael Horton ☐ Delete
STREET ADDRESS P.O. Box 276
CITY-ST-ZIP Chipley FL 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Paige Horton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #