

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070582

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: WILSON HEATING & AIR CONDITIONING INC.

## Current Principal Place of Business:

3507 CARMEL RD.  
ST. AUGUSTINE, FL 32086

## New Principal Place of Business:

402 LOBELIA RD.  
ST. AUGUSTINE, FL 32086

## Current Mailing Address:

3507 CARMEL RD.  
ST. AUGUSTINE, FL 32086

## New Mailing Address:

402 LOBELIA RD.  
ST. AUGUSTINE, FL 32086

FEI Number: 01-0723997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, TODD B  
3507 CARMEL RD.  
ST. AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

WILSON, TODD B  
402 LOBELIA RD.  
ST. AUGUSTINE, FL 32086 US

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.

SIGNATURE:

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: WILSON, TODD B  
Address: 3507 CARMEL RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: P ( ) Delete  
Name: WILSON, BRENDA C  
Address: 3507 CARMEL RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: WILSON, TODD B  
Address: 402 LOBELIA RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: P (X) Change ( ) Addition  
Name: WILSON, BRENDA C  
Address: 402 LOBELIA RD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA C. WILSON

P

04/11/2005

Electronic Signature of Signing Officer or Director

Date