

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000012369

1. Entity Name
SOUTH LAKE AIR AND HEAT, INC.



Principal Place of Business
148 CATHERINE LANE
GROVELAND, FL 34736

Mailing Address
148 CATHERINE LANE
GROVELAND, FL 34736



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0059578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STOKES, III, BERYL M
1035 W. DIXIE AVE.
LEESBURG, FL 34748

**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 *Ronald S. Moseley* *R.S.M.*
Signature, typed or printed name of registered agent, and date 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
NAME
D
MOSELEY, RONALD
STREET ADDRESS
148 CATHERINE LANE
CITY-ST-ZIP
GROVELAND, FL 34736

TITLE
NAME
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CITY-ST-ZIP

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01/24/06-80024-001 150.00

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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: *Ronald S. Moseley* *Ronald S. Moseley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #