


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90082 047 ***150.00

DOCUMENT # P03000026133		
1. Entity Name NEW WAVE HEATING & AIR, INC.		

Principal Place of Business 8990 EASTWOOD RD. MACCLENLY, FL 32063	Mailing Address P.O. BOX 1941 MACCLENLY, FL 32063
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2. Principal Place of Business 6181 W. Thomas Cir.	3. Mailing Address Suite, Apt. #, etc.
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City & State MACCLENLY, FL	City & State
Zip 32063	Country U.S.A

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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JOHNSON, ALFRED J JR. 8990 EASTWOOD RD. MACCLENLY, FL 32063	Name JOHNSON, ALFRED J JR Street Address (P.O. Box Number is Not Acceptable) 6181 W. Thomas Cir City MACCLENLY FL Zip Code 32063
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ALFRED J JR. 8990 EASTWOOD RD. MACCLENLY, FL 32063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ALFRED J JR. 6181 W. Thomas Cir. MACCLENLY, FL 32063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alfred J Johnson Jr **Alfred J Johnson Jr** 1-17-06 (904) 610-6796
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #