


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000030994 1. Entity Name DUNNELLO AIR & HEAT, INC.	
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Principal Place of Business 2704 SW SYLVAN HEIGHTS RD DUNNELLO, FL 34431	Mailing Address 2704 SW SYLVAN HEIGHTS RD DUNNELLO, FL 34431
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3681551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANDY, RICHARD M
704 SE 3RD AVE
OCALA, FL 34474**

**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 _____ (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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRYST, RAYMOND R 2704 SW SYLVAN HEIGHTS RD DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRYST, JANET D 2704 SW SYLVAN HEIGHTS RD DUNNELLO, FL 34431
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02/18/06-80060-009 150.00

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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:  **2-3-06 352-465-5353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____