


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90468 042 \*\*\*150.00

DOCUMENT # P03000049970			
1. Entity Name MAYTECH HEATING & AIR, INC.			
Principal Place of Business 5849 MORSE AVE JACKSONVILLE, FL 32244		Mailing Address 6001-21 ARGYLE FOREST BLVD. JACKSONVILLE, FL 32244	
2. Principal Place of Business - No P.O. Box # 5925 Morse Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32244	Country USA	Zip	Country
6. Name and Address of Current Registered Agent MAY, WILLIAM D 5849 MORSE AVE JACKSONVILLE, FL 32244		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5925 Morse Avenue City FL Zip Code	
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 <i>William D May</i> DATE 4/25/07 <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAY, WILLIAM D 5849 MORSE AVE JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5925 Morse Avenue
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAY, SUSAN C 5849 MORSE AVE. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5925 Morse Avenue
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: <i>Susan C. May</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/25/07 (904) 772-7300 Daytime Phone #	

60045189



04252007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2354020 Applied For Not Applicable

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