

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000124142 1. Entity Name NOWLIN HEATING AND AIR CONDITIONING, INC.					
Principal Place of Business 4005 MIDDLEBURY DR PENSACOLA, FL 32514			Mailing Address 4005 MIDDLEBURY DR PENSACOLA, FL 32514		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 20-0325228 Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			02052006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent NOWLIN, ROBERT 4005 MIDDLEBURY DR PENSACOLA, FL 32514				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reappointing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOWLIN, ROBERT 4005 MIDDLEBURY DR PENSACOLA, FL 32514	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOLL, JOHN R JR 2022 W CHASE ST PENSACOLA, FL 32501	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Add			
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert Nowlin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/14/06 Date Daytime Phone #		