

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90132 016 \*\*\*150.00

DOCUMENT # P03000131208

1. Entity Name

PALATKA HEATING AND AIR, INCORPORATED



Principal Place of Business

625 HWY. 19 SOUTH  
PALATKA FL 32177

Mailing Address

625 HWY. 19 SOUTH  
PALATKA FL 32177

2. Principal Place of Business

1221 Moseley Avenue

Suite, Apt. #, etc.

3. Mailing Address

1221 Moseley Avenue

Suite, Apt. #, etc.

City & State

Palatka, Florida

City & State

Palatka, Florida

Zip

32177

Country

USA

Zip

32177

Country

USA

6. Name and Address of Current Registered Agent

DWYER, KYTRINA B  
625 HWY. 19 SOUTH  
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name: Dwyer, Kytrina B  
Street Address (P.O. Box Number is Not Acceptable)

1221 Moseley Avenue  
City: Palatka FL Zip Code: 32177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DWYER, DAVID	
STREET ADDRESS	103 SPRINGDALE DR.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DWYER, KYTRINA B	
STREET ADDRESS	103 SPRINGDALE DR.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kytrina B Dwyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

(386) 325-3570

Daytime Phone #