

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000135640	
1. Entity Name LEMACKS HEATING AND AIR CONDITIONING, INC.	

Principal Place of Business 1770 SANCTUARY RD NAPLES, FL 34120	Mailing Address 1770 SANCTUARY RD NAPLES, FL 34120
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

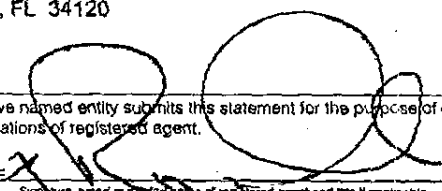
4. FEI Number 20-0372919	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEMACKS, RAY N
1770 SANCTUARY RD
NAPLES, FL 34120**

**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  DATE **04/03/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retesting)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

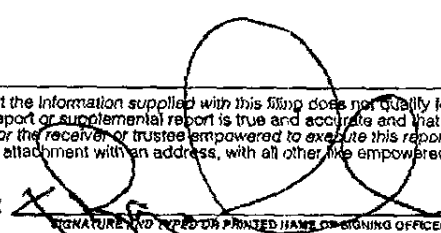
12. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

05/03/06-80014-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEMACKS, RAY N 1770 SANCTUARY RD NAPLES, FL 34120
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  DATE **4-17-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR