



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

03-31-2006 90018 023 ***150.00

DOCUMENT # P03000136667 1. Entity Name WENDELL'S HEAT & AIR, INC.					
Principal Place of Business 5004 PARETE CIRCLE NORTH JACKSONVILLE, FL 32218			Mailing Address 5004 PARETE CIRCLE NORTH JACKSONVILLE, FL 32218		
2. Principal Place of Business 45038 LIVE OAK CHURCH RD		3. Mailing Address 45038 LIVE OAK CHURCH RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04222006 Chg-P CR2E034 (11/05)	
City & State CALLAHAN, FL		City & State CALLAHAN, FL		4. FEI Number 81-0637899	
Zip 32011		Country USA		Applied For Not Applicable	
Zip 32011		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, WENDELL L 5004 PARETE CIRCLE NORTH JACKSONVILLE, FL 32218				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 <u><i>Wendell L Young PST</i></u> DATE <u><i>4-22-06</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST YOUNG, WENDELL L 5004 PARETE CIRCLE NORTH JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WENDELL L YOUNG 45038 LIVE OAK CHURCH ROAD CALLAHAN, FL 32011 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Wendell L Young</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4-22-06</i></u> Daytime Phone # <u><i>904-266-8177</i></u>		