

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000142789

1. Entity Name
COASTAL SERVICE AIR CONDITIONING & HEATING,
INC.



Principal Place of Business
1110 GARRISON AVENUE
PORT ST. JOE, FL 32456 US

Mailing Address
1110 GARRISON AVENUE
PORT ST. JOE, FL 32456 US



05102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0574159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCROAN, PHILLIP G
1904 FOREST PARK AVENUE
PORT ST. JOE, FL 32456

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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 _____
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
Due by September 8, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCROAN, PHILLIP G
STREET ADDRESS 1904 FOREST PARK AVENUE
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE VP
NAME LEWIS, CURTIS E
STREET ADDRESS 243 AVENUE C
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE S/T
NAME MCCROAN, KAREN
STREET ADDRESS 1904 FOREST PARK AVENUE
CITY-ST-ZIP PORT ST. JOE, FL 32456

TITLE
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U00000564805
05/20/06-80088-025 150.00

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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: *Phillip G. McCroan* *Phillip G. McCroan* 5-10-06 850-229-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #