2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

05-03-2005 90062 007 ***150.00

DOCUMENT # P03000151970

1. Entity Name
ON THE MARK HEATING & AIR CONDITIONING INC.

Principal Place of Business	Mailing Address
29250 WILPAYNE ROAD BROOKSVILLE, FL 34602	29250 WILPAYNE ROAD BROOKSVILLE, FL 34602

66022418

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
17086 CORTEZ BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State
Zip: 34601 Country	Zip Country

4. FEI Number 20-0554720 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELLS, MARK R
29250 WILPAYNE ROAD
BROOKSVILLE, FL 34602

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 ________________________________
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

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

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	WELLS, MARK R	
STREET ADDRESS	29250 WILPAYNE ROAD	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	TD	☐ Delete
NAME	WELLS, CATHY	
STREET ADDRESS	29250 WILPAYNE ROAD	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: Mark Wells 4/15/05 (352) 799-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #