

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000151970

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



Principal Place of Business
17086 CORTEZ BLVD
BROOKSVILLE, FL 34601

Mailing Address
29250 WILPAYNE ROAD
BROOKSVILLE, FL 34602

DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

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

**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

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 6, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WELLS, MARK R
29250 WILPAYNE ROAD
BROOKSVILLE, FL 34602

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WELLS, CATHY
29250 WILPAYNE ROAD
BROOKSVILLE, FL 34602

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

UD0000564740
05/20/06-80088-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/06
Date

Daytime Phone #