

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

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



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
After May 1, 2008 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
NAME	WELLS, MARK R
STREET ADDRESS	29250 WILPAYNE ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	TD
NAME	WELLS, CATHY
STREET ADDRESS	29250 WILPAYNE ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Mark Wells MARK WELLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 352 799-7333
Date Daytime Phone #