

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000001015

1. Entity Name  
CLYDE NICKYSON'S HEATING AND AIR CONDITION INC.



Principal Place of Business  
221 BERMUDA RD  
TALLAHASSEE, FL 32312

Mailing Address  
221 BERMUDA RD  
TALLAHASSEE, FL 32312

FILED

07 MAR 30 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



03302007 Chg-P CR2E034 (12/06)

4. FEI Number  
02-0712101

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

NICKYSON, CLYDE  
221 BERMUDA RD  
TALLAHASSEE, FL 32312

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
NICKYSON, CLYDE  
221 BERMUDA RD  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000095803580  
04/04/07--01036--020 \*\*150.00 ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Clyde Nickyson*  
Date 3-30-2007 Daytime Phone #