

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000003390

1. Entity Name

CENTRAL FLORIDA AIR-CONDITIONING & HEATING INC



Principal Place of Business

2241 BRIAN AV
SO DAYTONA, FL 32119

Mailing Address

2241 BRIAN AV
SO DAYTONA, FL 32119



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0521048

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLINT, PATRICK
2241 BRIAN AV
SO DAYTONA, FL 32119

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000001460047
03/20/06-80019-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLINT, PATRICK
STREET ADDRESS	2241 BRIAN AV
CITY-ST-ZIP	SO DAYTONA, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #