

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014256

1. Entity Name

KEN HARPER AIR CONDITIONING, INC.



Principal Place of Business

3435 HELMS FARM RD
LAUREL HILL FL 32567

Mailing Address

3435 HELMS FARM RD
LAUREL HILL FL 32567

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0642030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARPER, KEN
3435 HELMS FARM RD
LAUREL HILL FL 32567

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May ☐
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME HARPER, KEN
STREET ADDRESS 3435 HELMS FARM RD
CITY-ST-ZIP LAUREL HILL FL 32567

TITLE T ☐ Delete
NAME HARPER, BENJAMIN C
STREET ADDRESS 8780 DAVIS ROAD
CITY-ST-ZIP LAUREL HILL FL 32567

TITLE V ☐ Delete
NAME HARPER, JAMES WILLIAM
STREET ADDRESS 3415 HELMS FARM RD
CITY-ST-ZIP LAUREL HILL FL 32567

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 ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP
1100000445152
03/07/06-80030-007 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ken Harper* Ken Harper

2-13-06 (850) 652-3485