

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90107 016 ***150.00

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03122006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000028571					
1. Entity Name ABSOLUTE MECHANICAL AIR CONDITIONING AND HEATING INC.					
Principal Place of Business 2036 SULTAN CIR CHULUOTA, FL 32766			Mailing Address 2036 SULTAN CIR CHULUOTA, FL 32766		
2. Principal Place of Business 430 COLLINS RD. Suite, Apt. #, etc.		3. Mailing Address 430 COLLINS RD. Suite, Apt. #, etc.			
City & State OSTEEN, FL. Zip 32764 Country		City & State OSTEEN, FL. Zip 32764 Country		4. FEI Number 02-0558726	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARENT, GUY 2036 SULTAN CIR CHULUOTA, FL 32766			7. Name and Address of New Registered Agent Name PARENT, GUY Street Address (P.O. Box Number is Not Acceptable) 430 COLLINS RD. City OSTEEN FL Zip Code 32764		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	D PARENT, GUY, <input type="checkbox"/> Delete 2036 SULTAN CIR CHULUOTA, FL 32766		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Guy R. Parent</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/1/06 407-342-3740 <small>Date Daytime Phone #</small>		