

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 047 ***150.00

DOCUMENT # P04000117477

1. Entity Name
AIR FUSION HEATING & AIR CONDITIONING, INC.



Principal Place of Business
**1706 EDGEWATER DRIVE
EDGEWATER, FL 32132 US**

Mailing Address
**P.O. BOX 875
EDGEWATER, FL 32132 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

02122006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1481009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'CONNOR, WILLIAM T
1706 EDGEWATER DRIVE
EDGEWATER, FL 32132**

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 _____ (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: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	O'CONNOR, WILLIAM T	
STREET ADDRESS	1706 EDGEWATER DRIVE	
CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIRSCH, DONALD E	
STREET ADDRESS	2505 INDIA PALM DRIVE	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	WADDELL, JOLEEN	
STREET ADDRESS	9036 N.W. 60TH STREET	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T REASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES WADDELL	
STREET ADDRESS	9036 N.W. 60TH STREET	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Joleen Waddell Joleen WADDELL 2-17-06 718-1895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #