


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90078 044 \*\*\*150.00

<b>DOCUMENT # P04000131837</b> 1. Entity Name <b>GX AIR CONDITIONING &amp; HEATING, INC.</b>					
Principal Place of Business <b>1401 SW MEDINA AVENUE PORT SAINT LUCIE, FL 34953</b>			Mailing Address <b>1401 SW MEDINA AVENUE PORT SAINT LUCIE, FL 34953</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>20-1742601</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DEJARNETTE, TODD C. 1401 SW MEDINA AVENUE PORT SAINT LUCIE, FL 34953</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u>Todd C. DeJarnette</u> , Pres. <u>Todd C. DeJarnette</u> <u>8/12/05</u> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEJARNETTE, TODD C</b> <b>1401 SW MEDINA AVENUE</b> <b>PORT SAINT LUCIE, FL 34953</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Todd C. DeJarnette</u> , Pres. <u>Todd C. DeJarnette</u> <u>8/12/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date      Daytime Phone # <u>(772) 344-5520</u>					

**50061457**



08122005    Chg-P    CR2E034 (10/03)