

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000135451

1. Entity Name
CLASS "A" HEATING & AIR CONDITIONING, INC.



Principal Place of Business
**1578 SCOTTRIDGE LANE
JACKSONVILLE, FL 32259**

Mailing Address
**1578 SCOTTRIDGE LANE
JACKSONVILLE, FL 32259**



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1677595

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

**STEPHEN E. TILLEY, CPA
4465 BAYMEADOWS RD.
STE. 3
JACKSONVILLE, FL 32217**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DELAY, LYNN**
STREET ADDRESS **1578 SCOTTRIDGE LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **VP**
NAME **DELAY, DEBORAH**
STREET ADDRESS **1578 SCOTTRIDGE LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

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UD00000616623
02/01/07-800935-015 198.75

**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: *Deborah Delay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 (904) 742-4913
Date Daytime Phone #