

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90183 014 ***150.00

| | | | | | |
|---|--|---------|---|--|--|
| DOCUMENT # P04000159208 1. Entity Name SOUTHERN AUTOMOTIVE MOBILE AIRCONDITIONING AND HEATING SERVICE, INC. | | | | | |
| Principal Place of Business 5814 LOIS AVE PENSACOLA, FL 32504 | | | Mailing Address 5814 LOIS AVE PENSACOLA, FL 32504 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3789181 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SMITH, LYNETTE 5814 LOIS AVE PENSACOLA, FL 32504 | | | | 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, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <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 | P/D SMITH, GREG 5814 LOIS AVE PENSACOLA, FL 32504 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D SMITH, LYNETTE 5814 LOIS AVE PENSACOLA, FL 32504 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SMITH, GREG 5814 LOIS AVE PENSACOLA, FL 32504 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, LYNETTE 5814 LOIS AVE PENSACOLA, FL 32504 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| 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"/> Add | |
| 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"/> Add | |

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03042005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3789181** Applied For
Not Applicable

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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/D | <input type="checkbox"/> Delete |
| NAME | SMITH, GREG | |
| STREET ADDRESS | 5814 LOIS AVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | VP/D | <input type="checkbox"/> Delete |
| NAME | SMITH, LYNETTE | |
| STREET ADDRESS | 5814 LOIS AVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SMITH, GREG | |
| STREET ADDRESS | 5814 LOIS AVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SMITH, LYNETTE | |
| STREET ADDRESS | 5814 LOIS AVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| 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 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS | | |
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| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lynette Smith* 4 Mar 05