

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90013 016 \*\*\*150.00

**DOCUMENT # P05000010352**

1. Entity Name  
**ANTHONY HEAT & A/C, INC.**



Principal Place of Business  
**2350 BLUEBERRY STREET  
BUNNELL, FL 32110**

Mailing Address  
**2350 BLUEBERRY STREET  
BUNNELL, FL 32110**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2195396**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLICO, ANTHONY  
2350 BLUEBERRY STREET  
BUNNELL, FL 32110**

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

(Signature based on printed name and address is acceptable)

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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  
**D  
GALLICO, ANTHONY  
2350 BLUEBERRY STREET  
BUNNELL, FL 32110** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:

**ANTHONY GALLICO** 9/5/06 386.5664246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

26054235 Sept. 5, 2006  
#P05 0000 10352

To Whom It may concern,

I received the notice  
late in the mail due to a  
problem in delivery to proper  
address.

Thank you  
Respectfully  
ANTHONY GARCIA