

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000022148

1. Entity Name
SERVICE EXPERTS OF ORANGE PARK, INC.



Principal Place of Business
**5875 MINING TERRACE SUITE 106
JACKSONVILLE, FL 32257**

Mailing Address
**5875 MINING TERRACE SUITE 106
JACKSONVILLE, FL 32257**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0394876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EMRICK, JOHN M
2331 WHITFIELD IND WAY
SARASOTA, FL 34243**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**U000000141045
04/29/04-80184-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EMRICK, JOHN M
STREET ADDRESS	2331 WHITFIELD IND WAY
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	S
NAME	NEAL, CATHLEEN
STREET ADDRESS	2331 WHITFIELD IND WAY
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	CFO
NAME	JOHNSON, KEITH
STREET ADDRESS	2331 WHITFIELD IND WAY
CITY-ST-ZIP	SARASOTA, FL 34243

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #