2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000022148

1. Entity Name

SERVICE EXPERTS OF ORANGE PARK, INC.



Principal Place of Business

2331 WHITFIELD IND. WAY SARASOTA, FL 34243

Mailing Address

2331 WHITFIELD IND. WAY SARASOTA, FL 34243

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90297 019 ***158.75

4003020c



DO NOT WRITE IN THIS SPACE

03282006 No Chg-P

CR2E034 (11/05)

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 the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its registered	d office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EMRICK, JOHN M 2331 WHITFIELD IND WAY SARASOTA, FL 34243				
TITLE NAME: STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 eath; 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 enother like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.06 941-739-1511