

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000009426**

1. Entity Name  
**SCOTTY'S HEATING & AIR CONDITIONING, INC.**



Principal Place of Business  
**2727 N.W. 6TH STREET  
GAINESVILLE, FL 32609**

Mailing Address  
**2727 N.W. 6TH STREET  
GAINESVILLE, FL 32609**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3216206**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCOTT, FRANKLIN T  
2727 N.W. 6TH STREET  
GAINESVILLE, FL 32609**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000789685  
01/23/08-80003-011 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	SCOTT, FRANKLIN T
STREET ADDRESS	6101 NW 27 TERR.
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VP/D
NAME	SMITH, CASSANDRA ANN
STREET ADDRESS	3166 NW 11 ST
CITY-ST-ZIP	GAINESVILLE, FL 32609
TITLE	T/D
NAME	STOKES, ELMER DWIGHT
STREET ADDRESS	13433 NW 135 DR.
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	S/D
NAME	MAYBERRY, CHARLENE KAY
STREET ADDRESS	601 SW 266 ST.
CITY-ST-ZIP	NEWBERRY, FL 32669
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/08**

Date

Daytime Phone #