



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90190 033 ***150.00

DOCUMENT # P94000049708 1. Entity Name AIRPROMPT HEATING/AIR CONDITIONING, INC.					
Principal Place of Business 8120 WASHINGTON ST PORT RICHEY, FL 34668				Mailing Address 8120 WASHINGTON ST PORT RICHEY, FL 34668	
2. Principal Place of Business 8124 Washington St Port Richey Florida		3. Mailing Address 8124 Washington St Port Richey Florida			
Suite, Apt. #, etc. Port Richey		Suite, Apt. #, etc. Port Richey		01082006 Chg-P CR2E034 (11/05)	
City & State Florida		City & State Florida		4. FEI Number 59-3257680	
Zip 34668		Country USA		Applied For Not Applicable	
Zip 34668		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST. MARTIN, JOHN D 8120 WASHINGTON ST PORT RICHEY, FL 34668				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, 2006 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	D ST. MARTIN, JOHN D 5419 MILES BLVD. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. MARTIN, SUZANNE 5419 MILES BLVD. PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: T/S / Suzanne St. Martin Suzanne St. Martin 1/9/06 844-7893					