


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90054 010 ***150.00

DOCUMENT # P96000028681 1. Entity Name OGLESBY HEATING AND AIR CONDITIONING, INC.					
Principal Place of Business 1418 GILMORE RD. MILLIGAN, FL 32537			Mailing Address P O BOX 267 MILLIGAN, FL 32537		
2. Principal Place of Business 4871 GILMORE Rd.		3. Mailing Address 4871 GILMORE Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLT, FL.		City & State HOLT, FL.		4. FEI Number 59-3374130	
Zip 32564		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OGLESBY, JOSEPH H 1418 GILMORE RD MILLIGAN, FL 32537		7. Name and Address of New Registered Agent Name JOSEPH H. OGLESBY Street Address (P.O. Box Number is Not Acceptable) 4871 GILMORE RD. HOLT, FL. 32564 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 <u><i>Joseph H. Oglesby</i></u> DATE <u>3/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P <input type="checkbox"/> Delete OGLESBY, JOSEPH HOUSTON 1418 GILMORE RD MILLIGAN, FL 32537		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4871 GILMORE RD. HOLT, FL 32564	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Delete OGLESBY, PATRICIA E. 1418 GILMORE RD MILLIGAN, FL 32537		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4871 GILMORE RD. HOLT, FL. 32564	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 207, 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: <u><i>Joseph H. Oglesby</i></u> <u>3/15/05</u> <u>850-537-4626</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					