

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037934

FILED
Apr 28, 2006
Secretary of State

Entity Name: H. L. GRAVES AIR CONDITIONING, INC.

Current Principal Place of Business:

12165 METRO PARKWAY #7
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

12165 METRO PARKWAY #7
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0837529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VDC () Delete
Name: GRAVES, H L
Address: 12165 METRO PARKWAY #7
City-St-Zip: FORT MYERS, FL 33912

Title: PD () Delete
Name: MEREDITH, SUSAN
Address: 12165 METRO PARKWAY #7
City-St-Zip: FT. MYERS, FL 33912

Title: TD () Delete
Name: GRAVES, THOMAS
Address: 12165 METRO PARKWAY #7
City-St-Zip: FT. MYERS, FL 33912

Title: VD () Delete
Name: PLONSKI, DAVID
Address: 12165 METRO PARKWAY #7
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MEREDITH

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date