

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

06-12-2006 90005 024 ***150.00

DOCUMENT # P98000068512

1. Entity Name
JOHN D. JONES A/C HEATING & REFRIGERATION, INC.



Principal Place of Business
**365 CABLE ROAD
HAVANA, FL 32333**

Mailing Address
**P.O. BOX 497
HAVANA, FL 32333**

40095400



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3527500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, JOHN D
365 CABLE ROAD
HAVANA, FL 32333**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, JOHN D
STREET ADDRESS	ROUTE 3 BOX 5448
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	STD
NAME	JONES, MYCHELLE
STREET ADDRESS	ROUTE 3 BOX 5448
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	V
NAME	PUDMAH, MATT
STREET ADDRESS	ROUTE 3 BOX 5448
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	V
NAME	JONES, JOHN E
STREET ADDRESS	325 CABLE ROAD
CITY-ST-ZIP	HAVANA, FL 32333
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

Date

Daytime Phone

**2-28-06 850
534-7294**