2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000094239

1. Entity Name
OCALA HEATING & AIR CONDITIONING, INC.

FILED
05 SEP -8 AM 8:41

Principal Place of Business	Mailing Address
3695 S.E. 58TH AVENUE OCALA, FL 34471	3695 S.E. 58TH AVENUE OCALA, FL 34471

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3558632
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GILL, S R
613 S.E. FT. KING ST.
OCALA, FL 34471

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D PRES.
NAME	CHAPPEL, NELSON V
STREET ADDRESS	3695 S.E. 58TH AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	CHAPPEL, CHARLES V. V. PRES.
NAME	
STREET ADDRESS	3695 S/E 58 AVE
CITY-ST-ZIP	OCALA, FL. 34471
TITLE	SEC'Y - TREAS.
NAME	CHAPPEL, ELLEN M
STREET ADDRESS	3695 S/E 58 AV.
CITY-ST-ZIP	OCALA, FL. 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100059792561
09/20/05--01053--015 **558.75

Not having an organized desk gets Expensive

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stat
indicated on this report or supplemental report is true and accurate and that my signature shall h
of the corporation or the receiver or trustee empowered to execute this report as required by Cha
changed, or on an attachment with an address, with all other like empowered.

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r director
Block 11 if

SIGNATURE: _____ JAN. 6, 2005 352-629-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NELSON V. CHAPPELL