## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

with all other like empowered

ME OF SIGNING OFFICER C

## Jan 18, 2005 08:00 AM DOCUMENT # P98000107913-**Secretary of State** Entity Name AIR TEL HEATING & AIR CONDITIONING, INC. Principal Place of Business = Mailing Address 2843 MERCURY ROAD 2816 ILENE DR. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32216-5094 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 59-3549808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TELLES, MARK C DO NOT WRITE 2843 MERCURY ROAD JACKSONVILLE, FL 32207 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaining) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE U00000182498 01/19/05-80029-011 150.00 NAME TELLES, MARK C. STREET ADDRESS 2816 ILENE DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32216 VSD TELLES, LAURETTA M NAME STREET ADDRESS 2816 ILENE DRIVE CITY-ST-ZIP JACKSONVIELE, FL 32216 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

**FILED** 

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