## 2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Jan 23, 2006 08:00 AM DOCUMENT # P98000107913 **Secretary of State** AIR JEL HEATING & AIR CONDITIONING, INC. Principal Place of Business Mailing Address 2843 MERCURY ROAD 2816 ILENE DR. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32216-5094 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3549808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS RELE TELLES, MARK C NAME STREET ADDRESS 2816 ILENE DRIVE U00000397015 01/30/06-80032-016 158.75 CITY-ST-ZIP JACKSONVILLE, FL 32216 TITLE NAME TELLES, LAURETTA M STREET ADDRESS 2816 ILENE DRIVE CHY-ST-ZIP JACKSONVILLE, FL 32216 THE ORTOLANI, ANHTONY E NAME STREET ADDRESS 1300 WILSHIRE CT S DO NOT WRITE CITY-ST-ZIP JACKSONVILLE, FL 32259 SILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-21P MILE NAME

12. If 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 leport 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 otherwise empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Mark C. Alles

MARK C. Telles

1-18-06

904-737-9558