

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90486 026 ***150.00

DOCUMENT # P99000031475 1. Entity Name CLYDE CARPENTER AIR CONDITIONING & HEATING, INC.					
Principal Place of Business 5301 COLONY MEADOWS LN SARASOTA, FL 34233			Mailing Address 5301 COLONY MEADOWS LN SARASOTA, FL 34233		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0906055	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARPENTER, CLYDE 5301 COLONY MEADOWS LANE SARASOTA, FL 34233				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u>Clyde P. Carpenter</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPENTER, CLYDE 5301 COLONY MEADOWS LN SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Treasurer Carpenter, Clyde 5301 Colony Meadows Ln Sarasota FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARPENTER, MARTIN 5301 COLONY MEADOWS LN SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carpenter Jr., Clyde B 5301 Colony Meadows Ln Sarasota FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARPENTER, JR., CLYDE B 5301 COLONY MEADOWS LN SARASOTA, FL 34233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	
12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Clyde P. Carpenter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/29/05</u> <small>Daytime Phone #</small>		