

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90010 020 \*\*\*150.00

DOCUMENT # P99000106280

1. Entity Name

IGLOO AIR HEATING & AIR CONDITIONING, INC.



Principal Place of Business

341 PARQUE AVE.  
UNIT #7  
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 730418  
ORMOND BEACH FL 32173



2. Principal Place of Business - No P.O. Box #

338 E Parque Ave  
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 730418  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ormond Beach FL

City & State

Ormond Beach FL

4. FEI Number

59-3611868

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32173

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, RICHARD K  
3945 TANO DR  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVERNAIL, JAMES K	
STREET ADDRESS	12 TRACEWAY COURT	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	SILVERNAIL, DANA K	
STREET ADDRESS	12 TRACEWAY COURT	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMSON, REBECCA J	
STREET ADDRESS	3945 TANO DRIVE	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMSON, RICHARD K	
STREET ADDRESS	39450 TANO DRIVE	
CITY-STATE-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07 386 615 9393

Date

Daytime Phone #