

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90004 004 ***150.00

DOCUMENT # S60579

1. Entity Name

WAYNES HEATING & AIR CONDITIONING, INC.



Principal Place of Business

5352 COTTON ST
GRACEVILLE FL 32440

Mailing Address

5352 COTTON ST
GRACEVILLE FL 32440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, STARLA
1712 LINDA LANE
HWY 79 SOUTH
BONIFAY FL 32425

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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 S ☐ Delete
NAME CARTWRIGHT, CYNTHIA S.
STREET ADDRESS HWY 79
CITY-ST-ZIP BONIFAY FL 32425

TITLE VP ☐ Delete
NAME CARTWRIGHT, JOHN WAYNE II
STREET ADDRESS HWY 77
CITY-ST-ZIP GRACEVILLE FL 32440

TITLE T ☒ Delete
NAME LANE, LINDA
STREET ADDRESS 1712 HWY. 79 S.
CITY-ST-ZIP BONIFAY FL 32425

TITLE P ☐ Delete
NAME CARTWRIGHT, JOHN W
STREET ADDRESS HWY 79
CITY-ST-ZIP BONIFAY FL 32425

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME Cartwright Cynthia S.
STREET ADDRESS Hwy.79 S. Bonifay Fl.32425
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Cynthia S. Cartwright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
cynthia S. Cartwright

2/4/04 80-263-4341
Date Daytime Phone #