


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S60579</b>	
1. Entity Name <b>WAYNES HEATING &amp; AIR CONDITIONING, INC.</b>	

Principal Place of Business <b>5352 COTTON ST GRACEVILLE, FL 32440</b>	Mailing Address <b>5352 COTTON ST GRACEVILLE, FL 32440</b>
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTWRIGHT, CYNTHIA S. HWY 79 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTWRIGHT, JOHN WAYNE II HWY 77 GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTWRIGHT, CYNTHIA S HWY 79 S BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTWRIGHT, JOHN W HWY 79 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/05-80036-014 150.00

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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* **2-24-05** **850-263-4341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR