

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90158 030 ***158.75

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**

00009395



03172006 No Chg-P CR2E034 (11/05)

4. FEI Number **SA-3076159**
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S**
NAME **CARTWRIGHT, CYNTHIA S.**
STREET ADDRESS **HWY 79**
CITY-ST-ZIP **BONIFAY, FL 32425**

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

TITLE **T**
NAME **CARTWRIGHT, CYNTHIA S**
STREET ADDRESS **HWY 79 S**
CITY-ST-ZIP **BONIFAY, FL 32425**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1706