2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

| 1. Entity Name MIKE MERRITT'S HEATING & A/C, INC. | | | | | | |
|--|--|--|--|--|---|--|
| Principal Place | | Mailing Address 1033 BLANDING BLVD | · ! | | • | |
| UNIT 305 Orange Par | RK, FL 32065 US | UNIT 305 Orange Park, FL 32065 | US | | (7 2 1811 1921 11 1931 | |
| | | | | | | |
| D | O NOT WRITE | IN THIS SPA | CE | 04272005 No Chg-P CR2E034 (10/0 | O3) Applied For | |
| The second secon | | | | 59-3144295 | Not Applicable Additional | |
| | 6. Name and Address of Current | Registered Agent | | Fee Requ | uired | |
| 1033 BLAN | STEPHEN M NDING BLVD | 324 | | DO NOT WRITE | | |
| UNIT 305 ORANGE PARK, FL 32065 | | | | IN THIS SPACE | | |
| 8. The above the obligati | named entity submits this statement folions of registered agent. | the purpose of changing its registe | red office or register | ed agent, or both, in the State of Florida. I am familiar w | ith, and accept | |
| SIGNATURE_ | Signature, typed or printed name of registered egent | and title if applicable (NOTE Register | ed Agent signature réquired | when reinstaling) DATE | - | |
| FILI After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550. | 9. Election Campaign Fina Trust Fund Contribution | | 00 May Be ad to Fees | : | |
| 10. | OFFICERS AND | DIRECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MERRITT, STEPHEN M 1736 MOSSY CYPRESS LN JACKSONVILLE, FL 32223 | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | The second secon | U00000342545 04/29/05-80061-001 | 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | · | DO NOT WRITE | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Hereite de la constante de la | | | |
| 12. I hereby or indicated of of the corp changed, | erify that the information supplied with on this report or supplemental eport is poration or the receiver of runtee empo or on an attachment with an address, v | this filling does not qualify for the exe true and accurate and that my light wered to execute this report as requ with all other like as bowered | imption stated in Secture shall have the state of the sta | stion 119.07(3)(i), Florida Statules. I further certify that the ame legal effect as if made under oath, that I am an offic Florida Statutes, and that my name appears in Block 10 | e information er or director or Block 11 if | |
| SIGNATI | URE: SIGNATURE AND TYPED OR F | MINTED NAME OF SIGNING OFFICER OR DIREC | TOR | 4/28 / 0.5 Daytime Prone | <u> </u> | |