


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03990</b>		
1. Entity Name <b>HEAD'S HEATING &amp; AIR CONDITIONING SERVICES, INC.</b>		
Principal Place of Business <b>6947 NAN GRAY DAVIS RD THEODORE, AL 36582</b>	Mailing Address <b>P.O. BOX 1315 THEODORE, AL 36590</b>	



07062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-0838330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>NEFF, WILLIAM 8727 SCENIC HILLS DRIVE PENSACOLA, FL 32514</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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.		

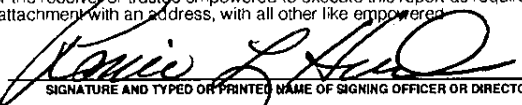
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U000000569461  
07/11/06 00000000 158.75

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEAD, RONNIE SR. 6770 HIGHMONT DR. THEODORE, AL 36590	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEAD, RONNIE JR. 754 APACHE RUN THEODORE, AL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:**  **7/7/06 251-653-1515**

Date Daytime Phone #