2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 515751

Title:

Name:

Address:

FILED Apr 18, 2006 Secretary of State

Entity Name: COMFORT SYSTEMS USA (FLORIDA), INC.					Secretary of State	
Current Principal Place of Business:			New Principal Place of Business:			
799 BENN LONGWO	ETT DR OD, FL 32750					
Current Mailing Address:			New Mailing Address:			
799 BENN LONGWO	ETT DR OD, FL 32750					
FEI Number: 59-1691261		FEI Number Applied For ()	FEI Number Not Applicable ()		ertificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
	named entity s of Florida.	ubmits this statement for the	purpose of changing i	ts registered offic	e or registered agent, or both,	
SIGNATUR						
Election Can		ic Signature of Registered Ag Trust Fund Contribution ().	ent		Date	
, ,				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		Delete C DR	Title: Name: Address: City-St-Zip:		ange () Addition	
Title: Name: Address: City-St-Zip:	VS () BEITTENMILLE 777 POST OAK HOUSTON, TX	BLVD STE 500	Title: Name: Address: City-St-Zip:	V (X) Ch BURKETT, ROY L 799 BENNETT DR. LONGWOOD, FL	ange () Addition	
Title: Name: Address: City-St-Zip:	VS () GEORGE, WILL 777 POST OAK HOUSTON, TX	BLVD STE 500	Title: Name: Address: City-St-Zip:	VDAS (X) Ch GEORGE, WILLIAN 777 POST OAK BL HOUSTON, TX 770	VD STE 500	
Title: Name: Address: City-St-Zip:	S () GRAMMAR, JEN 799 BENNETT I LONGWOOD, F)R	Title: Name: Address: City-St-Zip:	ST (X) Ch GRAMMAR, JENNI 799 BENNETT DR LONGWOOD, FL (

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: TRENT MCKENNA V 04/18/2006

() Delete

777 POST OAK BLVD. STE 500

SANCHEZ, MICHAEL

City-St-Zip: HOUSTON, TX 77056

(X) Change () Addition

MCKENNA, TRENT

HOUSTON, TX 77056

777 POST OAK BLVD, STE 500