


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # M98561 1. Entity Name CLIMATE MASTERS HEATING & AIR CONDITIONING, INC.	
---	---

Principal Place of Business 5275 U.S. HIGHWAY 1 SOUTH ST. AUGUSTINE, FL 32086	Mailing Address 5275 U. S. HIGHWAY 1 SOUTH ST. AUGUSTINE, FL 32086
---	--

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2905342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULER, GREGORY M PTD
5275 U. S. HIGHWAY 1 SOUTH
SAINT AUGUSTINE, FL 32086

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHULER, GREGORY M. 1078 CHEYENNE DR. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHULER, DEBBIE 1078 CHEYENNE DRIVE SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, KELLY M 103 SAN JOSE BLVD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD TICE, ELEANOR L 524 GERONA ROAD SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000803443
02/05/08-80024-022 150.00

**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: Kelly m Bailey Treasurer/Director 1-24-8 904-797-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kelly m Bailey