

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98561

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: CLIMATE MASTERS HEATING & AIR CONDITIONING, INC.

**Current Principal Place of Business:**

5275 U.S. HIGHWAY 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

5275 U. S. HIGHWAY 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

5275 U.S. HIGHWAY 1 SOUTH  
ST. AUGUSTINE, FL 32086

FEI Number: 59-2905342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SCHULER, GREGORY M.,  
Address: 1078 CHEYENNE DR.  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: VPD ( ) Delete  
Name: SCHULER, DEBBIE  
Address: 1078 CHEYENNE DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: TD ( ) Delete  
Name: BAILEY, KELLY M  
Address: 103 SAN JOSE BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: OD (X) Delete  
Name: TICE, ELEANOR L  
Address: 524 GERONA ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: KELLY M BAILEY

TD

01/26/2009

Electronic Signature of Signing Officer or Director

Date