

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M98561

FILED
Jan 12, 2012
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:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: OD
Name: KENTON, LEWIS R
Address: 3175 U.S. 1 SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: OD
Name: SCHULER, JESSICA
Address: 1078 CHEYENNE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: OD
Name: SCHULER, STEFAN
Address: 1078 CHEYENNE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

I hereby 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 all other like empowered.

SIGNATURE: GREGORY M. SCHULER

PTD

01/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date