


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000043974

1. Entity Name
 ALPINE AIR CONDITIONING & HEATING, INC.



Principal Place of Business
 18477 WINTER HAVEN ROAD
 FORT MYERS, FL 33912

Mailing Address
 18477 WINTER HAVEN ROAD
 FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



02022006 No Chg-F CR2E034 (11/05)

4. FEI Number
 90-0055487

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, PATRICK SR
 18477 WINTER HAVEN ROAD
 FORT MYERS, FL 33912

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | ROBINSON, PATRICK SR. |
| STREET ADDRESS | 18477 WINTER HAVEN ROAD |
| CITY-ST-ZIP | FORT MYERS, FL 33912 |
| TITLE | VP |
| NAME | ROBINSON, PATRICK JR. |
| STREET ADDRESS | 18477 WINTER HAVEN ROAD |
| CITY-ST-ZIP | FORT MYERS, FL 33912 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: *Patrick Sr. Robinson (President)* Date: *2-15-06* *239-481-0940*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR