2007 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90438 005 ***150.00 DOCUMENT # P02000043974 1. Entity Name ALPINE AIR CONDITIONING & HEATING, INC. 40090522 Principal Place of Business Mailing Address 18477 WINTER HAVEN ROAD 18477 WINTER HAVEN ROAD FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 90-0055487 Not Applicable zip33965 Country Country 翌910 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, PATRICK, SR Street Address (P.O. Box Number is Not Acceptable) 18477 WINTER HAVEN ROAD FORT MYERS, FL 33912 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change . ■ Addition Robinson, Patrick Sr 18477 Winter Haven Rd NAME ROBINSON, PATRICK SR. NAME 18477 WINTER HAVEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-7/P muers. νρ Change ☐ Delete TITLE ■ Addition ROBINSON, PATRICK JR. NAME NAME Robinson, Patrick JR STREET ADDRESS 18477 WINTER HAVEN ROAD STREET ADDRESS 18477 Winter Haven Rd CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP FORT Myers, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chappe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling 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 aidress, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

Daytime Phone #

☐ Change

☐ Addition

FILED