

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90234 019 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                                                                                                                                                                                                                       |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P06000038333</b><br>1. Entity Name<br><b>AIR POWER HEATING &amp; AIR CONDITIONING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                                      |                                                                              |
| Principal Place of Business<br><b>11497 COLUMBIA PARK DR WEST - # 1<br/>JACKSONVILLE, FL 32258</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | Mailing Address<br><b>11497 COLUMBIA PARK DR WEST - # 1<br/>JACKSONVILLE, FL 32258</b>                                                                                                                                                |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>10365 Hood Road South</b><br>Suite, Apt. #, etc.<br><b>Unit 205</b><br>City & State<br><b>Jacksonville, Florida</b><br>Zip<br><b>32257</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | 3. Mailing Address<br><b>10365 Hood Road South</b><br>Suite, Apt. #, etc.<br><b>Unit 205</b><br>City & State<br><b>Jacksonville, Florida</b><br>Zip<br><b>32257</b>                                                                   |                                                                              |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | Country<br><b>USA</b>                                                                                                                                                                                                                 |                                                                              |
| 4. FEI Number<br><b>22-3922671</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>SPIEGEL &amp; UTRERA, P.A.</b><br><b>1840 SW 22ND ST.</b><br><b>4TH FLOOR</b><br><b>MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                              |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent, and state if applicable.</small>                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                                                                                                                       |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PTD<br><b>BAGDONAS, MICHEAL A</b><br><b>11497 COLUMBIA PARK DR WEST - # 1</b><br><b>JACKSONVILLE, FL 32258</b> | <input type="checkbox"/> Delete                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPS<br><b>SOLANO, MOISES A</b><br><b>11497 COLUMBIA PARK DR WEST - # 1</b><br><b>JACKSONVILLE, FL 32258</b>    | <input type="checkbox"/> Delete                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <input type="checkbox"/> Delete                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <input type="checkbox"/> Delete                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <input type="checkbox"/> Delete                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | <input type="checkbox"/> Delete                                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | <div style="display: flex; justify-content: space-between;"> <div> <b>Michael A. Bagdonas</b><br/> <small>Date</small> </div> <div> <b>4-24-07</b><br/> <small>Daytime Phone #</small> </div> </div>                                  |                                                                              |