

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M98561

**FILED**  
**Feb 03, 2020**  
**Secretary of State**  
**9267542862CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2905342**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

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

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

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

*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: GREG SCHULER**

**PRESIDENT**

**02/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date