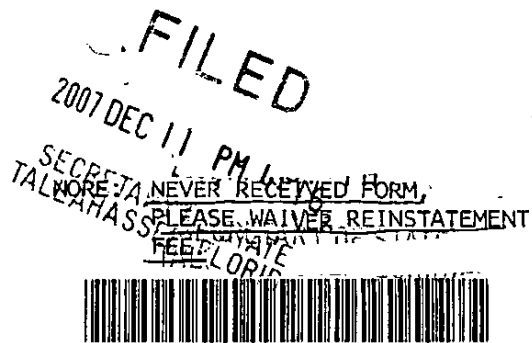


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 192069

Entity Name

AIR CONDITIONING- WEATHERMASTERS CO.

Principal Place of Business
910 CORRINE DR
ORLANDO FL 32803Mailing Address
2810 CORRINE DR
ORLANDO FL 32803

Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-0766951

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, BEVERLY C
2810 CORRINE DR
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ☐ with, ☐ cc of the obligations of registered agent.

SIGNATURE

Signed, typed or printed name of registered agent over this application

(NOTE: Registered Agent signature required with all amendments)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.1 ☐ Delete NAME: MARTIN, BEVERLY C STREET ADDRESS: 2810 CORRINE DRIVE CITY-STATE-ZIP: ORLANDO FL	11.1 ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: 12-11-07 01038 007 \$150.00
10.2 ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:	11.2 ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
10.3 ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:	11.3 ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
10.4 ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:	11.4 ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
10.5 ☐ Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:	11.5 ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #