2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 211993

Entity Name: FLORIDA RADIATOR SERVICE, INC.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

420 PONCE DE LEON BLVD BROOKSVILLE, FL 346011905 US

Current Mailing Address: New Mailing Address:

420 PONCE DE LEON BLVD BROOKSVILLE, FL 346011905 US

FEI Number: 59-0828830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BECHTELHEIMER, L. R BECHTELHEIMER, LEE R 420 PONCE DE LEON BLVD. 420 PONCE DE LEON BLVD BROOKSVILLE, FL 346011905 US BROOKSVILLE, FL 346011905 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: LEE R BECHTELHEIMER 04/12/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BECHTELHEIMER, LR, BECHTELHEIMER, LEE R Name: Name: 18168 PARSONS ROAD 18168 PARSONS ROAD Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601

VPD Title: VPD (X) Change () Addition Title: () Delete BECHTELHEIMER,M L, BECHTELHEIMER, MICHAEL L Name: Name: P. O. BOX 1471 P. O. BOX 1471 Address: Address: BROOKSVILLE, FL 34605 BROOKSVILLE, FL 34605 City-St-Zip:

Title: Title: () Delete DT (X) Change () Addition BECHTELHEIMER, LEONA, B BECHTELHEIMER, LEONA B Name: Name: 18168 PARSONS ROAD 18168 PARSONS ROAD Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601

Title: DS () Delete Title: DS (X) Change () Addition BECHTELHEIMER, C. G., BECHTELHEIMER, CEDRIC G Name: Name: Address: 18145 PARSONS ROAD Address: 18145 PARSONS ROAD City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONA B BECHTELHEIMER DT 04/12/2006