2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 211993

Entity Name: FLORIDA RADIATOR SERVICE, INC.

FILED Jan 25, 2009 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, LEE R 420 PONCE DE LEON BLVD. 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BECHTELHEIMER, LEE R Name: Name: 18168 PARSONS ROAD Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: BECHTELHEIMER, MICHAEL L Name: Address: Address: P. O. BOX 1471 BROOKSVILLE, FL 34605 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BECHTELHEIMER, LEONA B Name: Name: 18168 PARSONS ROAD Address: Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: Title: DS () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LEONA B BECHTELHEIMER DT 01/25/2009

BECHTELHEIMER, CEDRIC G

18145 PARSONS ROAD

BROOKSVILLE, FL 34601

Name:

Address:

City-St-Zip: