2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 14, 2006 08:00 All Secretary of State **DOCUMENT # 235070** 1. Entity Name SUPERIOR HEATING-COOLING CORP. Principal Place of Business Mailing Address 955 U. S. 41 BY PASS S VENICE FL 34292 955 U. S. 41 BY PASS S VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For City & State City & State 4. FEI Number 59-0918985 Not Applicable 7_{ID} Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARTZ, JACK 955 U. S. 41 BY PASS S Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34292 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 tate fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150,00. \Box OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE Change Addition TITLE ☐ Delete U00000574325 ARTZ, JACK NAME NAME 08/14/06-80009-016 550.00 955 US 41 BY-PASS S. STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-7IP CITY-S1-7IP VМ Change Addition Delete TITLE TITLE DIEKER, EDWARD NAME NAME 955 US 41 BY-PASS S. STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TILLE ☐ Delete TILLE ARTZ, SPENCER NAME NAME 3164 ODESSA RD STREET ADDRESS STREET ADDRESS VENICE FL CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby 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 sustee 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/09/06

941-488-5359

Daytime Phone #