2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-27-2008 90017 038 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # 367246

1. Entity Name

BUD & JOHNS AIR CONDITIONING & HEATING, INC.

Principal Place of Business	Mailing Address
101 WEST CYPRESS ST SUITE G KISSIMMEE FL 34741	101 WEST CYPRESS ST SUITE G KISSIMMEE FL 34741
2. Principal Place of Business - No P.O. Box # 1718 W VERONA ST	3. Mailing Address 1718 W VERONA ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State KISSIMMEE, FLORIDA	City & State KISSIMMEE FLORIDA
Zip 34741-5340 Country	Zip 34741-5340 Country OSCEOLA

4. FEI Number 59-1297598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, FRANKLIN P
1718 W VERONA STREET
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

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

City FL 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 Franklin P. Johnson 2-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	JOHNSON, FRANKLIN P	
STREET ADDRESS	1718 W VERONA ST	
CITY-ST-ZIP	KISSIMMEE, FL 00000	
TITLE	DST	☐ Delete
NAME	SMITH, DONALD L JR	
STREET ADDRESS	6099 MARTHAS LN	
CITY-ST-ZIP	ST CLOUD FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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: Franklin P. Johnson 3-8-08 407-847-4306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #