


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90037 001 ***150.00

DOCUMENT # 415932 1. Entity Name SUPREME SERVICE AIR CONDITIONING AND HEATING INC					
Principal Place of Business 104 S RAVENNA NOKOMIS FL 34275 US			Mailing Address P.O. BOX 577 NOKIMIS FL 34274 US		
2. Principal Place of Business 312 East Venice Ave Suite, Apt. #, etc. Suite #121		3. Mailing Address same Suite, Apt. #, etc.			
City & State Venice FL		City & State		4. FEI Number 59-1434696	
Zip 34285 Country Sarasota		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARY JO MAULONI 787 PONDEROSA ROAD VENICE FL 34293				7. Name and Address of New Registered Agent Name Reginald E Fox Street Address (P.O. Box Number is Not Acceptable) 787 Ponderosa Road City Venice FL Zip Code 34293	
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 <u><i>Reginald E Fox</i></u> DATE <u><i>2/3/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input checked="" type="checkbox"/> Delete NAME MAULONI, MARY JO STREET ADDRESS 787 PONDEROSA RD CITY-ST-ZIP VENICE FL 34293	TITLE P= <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME REGINALD E FOX STREET ADDRESS 787 Ponderosa Road CITY-ST-ZIP Venice, FL 34293				
TITLE T <input type="checkbox"/> Delete NAME COLEMAN, YATES STREET ADDRESS 221 FOREST HILLS DR. CITY-ST-ZIP CHARLESTON TN 37310	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE VP <input checked="" type="checkbox"/> Delete NAME FOX, REGINALD E STREET ADDRESS 787 PONDEROSA RD CITY-ST-ZIP VENICE FL 34293	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME is now president STREET ADDRESS not vp CITY-ST-ZIP				
TITLE S <input type="checkbox"/> Delete NAME FOX, JOANN STREET ADDRESS 787 PONDEROSA RD CITY-ST-ZIP VENICE FL 34293	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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: <u><i>Joann Fox</i></u> 2/3/06 941-485-2626 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					