


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 028 ***150.00

DOCUMENT # 497165	
1. Entity Name CASTELLANO-AIR-CONDITIONING AND-HEATING, INC.	

Principal Place of Business 2204 N. ARMENIA AVE. TAMPA FL 33607 US	Mailing Address 2204 N. ARMENIA AVE. TAMPA FL 33607
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2. Principal Place of Business - No P.O. Box # 2204 N. ARMENIA AV	3. Mailing Address 2206 N. ARMENIA
Suite, Apt. #, etc. TAMPA	Suite, Apt. #, etc.
City & State FLORIDA	City & State TAMPA FL
Zip 33607	Country FL 33607 HILLSBOROUGH

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1648995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASTELLANO, THOMAS C. 2705 W. LOUISIANA AVENUE TAMPA FL 33614	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

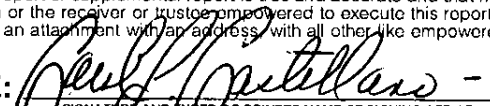
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CASTELLANO, CAROL J 2705 W LOUISIANA AVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CASTELLANO, THOMAS C 2705 W LOUISIANA AVE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  - **CAROL J. CASTELLANO** 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR