


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90024 048 \*\*\*150.00

**DOCUMENT # 515990**


1. Entity Name  
 PORT ORANGE AIR CONDITIONING & HEATING, INC



Principal Place of Business      Mailing Address

515C HERBERT STREET      515C HERBERT ST  
 PORT ORANGE, FL 32119 US      PORT ORANGE, FL 32119 US

**DO NOT WRITE IN THIS SPACE**



03112008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1697007</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TROUP, ROBERT G.  
 4343-A RIDGEWOOD AVE  
 PORT ORANGE, FL 32127

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KEANE, ANTHONY P.
STREET ADDRESS	615 POWERS AVE
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	V
NAME	KEANE, MICHAEL A
STREET ADDRESS	120 TAGANANA
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	ST
NAME	KEANE, ROCHELLE J.
STREET ADDRESS	615 POWERS AVE.
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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 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: *Anthony P. Keane*    *Anthony P. Keane, P*    04/10/08    (386) 761-6680  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR      Date      Daytime Phone #