2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

| D | O | Cl | ЛL | ΛF | NT | # | 58 | 89 | }52 |
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| | | | | | | | | | |

1. Entity Name

CENTRAL FLORIDA HEATING AND AIR CONDITIONING INCORPORATED



Principal Place of Business

Mailing Address

856 SUNSHINE LANE

ALTAMONTE SPRINGS, FL 32714

856 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714

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| DO NOT WRITE IN THIS SPACE | 4. FEI Number | Applied Far |
|----------------------------|---------------|--------------|
| | 59-1854688 | Not Applicat |

5. Certificate of Status Desired

02272006

Not Applicable
\$8.75 Additional
Fee Required

Caytime Phone #

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ROSSELL, RODNEY D. 710 BILTMORE STREET 26438 BILTMORE ST MT PLYMOUTH, FL 32278

SIGNATURE

DO NOT WRITE IN THIS SPACE

Na Chg-P

| 8. The above the obligat | named entity submits this statement for the plans of registered agent. | ourpose of changing its registere | d allice or a | egistered agent, or bo | ith, in the State of Florida. I am familiar with, and accept |
|--|---|--|---|--|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title i | f epplicable (NDTE: Registered | Agent signatura | required when reinstating) | DATE |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Finance Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | Unnon04¢3619 |
| 10. | OFFICERS AND DIREC | CTORS | [| | ⁾ n 3/21/86 80804 802 158.80 - |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROSSELL, RODNEY D 26438 BILTMORE ST MT PLYMOUTH, FL | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS CANNON, THOMAS 1212 WAVERLY WAY LONGWOOD, FL 32705 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby of indicated of the corchanged, | certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver of trustee employered or on an attachment with an address, with all | ling does not qualify for the exer and accurate and that my signatu to execute this report as require other like empowered. | mptions cor ire shall haved by Chapt | ntained in Chapter 115 re the same legal effecter for 607, Florida Statute | 3, Florida Statutes. I further certify that the information of as it made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if |

EIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR