

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000007575

1. Entity Name  
LAWMAN HEATING & COOLING, INC.



Principal Place of Business  
206 AMBROSE ST  
SACKETS HARBOR, NY 13685

Mailing Address  
P.O. BOX 599  
SACKETS HARBOR, NY 13685



09052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1100145  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWLER, MICHAEL A  
1921 MONTE CARLO DR UNIT 303  
SARASOTA, FL 34231

**DO NOT WRITE  
IN THIS SPACE**

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 9/5/7  
By \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CP  
LAWLER, MICHAEL A  
1921 MONTE CAROL DR UNIT 303  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VCV  
LAWLER, NEIL J  
20288 DEROUIN LN  
SACKETS HARBOR, NY 13685

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
HUTTEMANN, ELAINE P  
320 E MAIN ST  
SACKETS HARBOR, NY 13685

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000773745  
09/11/07-80005-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Michael A. Lawler 9/5/7 315-646-2919  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #