2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000007575

1. Entity Name
LAWMAN HEATING & COOLING, INC.

Principal Place of Business	Mailing Address
206 AMBROSE ST SACKETS HARBOR, NY 13685	P.O.BOX 599 SACKETS HARBOR, NY 13685

04232008 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

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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

000000926079
05/20/08-80051-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	LAWLER, MICHAEL A
STREET ADDRESS	1921 MONTE CAROL DR UNIT 303
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VCV
NAME	LAWLER, NEIL J
STREET ADDRESS	20288 DEROUIN LN
CITY-ST-ZIP	SACKETS HARBOR, NY 13685
TITLE	S
NAME	HUTTEMANN, ELAINE P
STREET ADDRESS	320 E MAIN ST
CITY-ST-ZIP	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	

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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: Elaine Huttemann 4/23/08 315-646-2919
SIGNATURE AND TYPED OR PRINTED NAME OF ENDORSING OFFICER OR DIRECTOR — Date — Daytime Phone #