


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90043 021 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F26072 1. Entity Name SUPERB HEATING & AIR CONDITIONING OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 4084 ARNOLD AVE. UNIT 4 NAPLES, FL 33942 US		Mailing Address 4084 ARNOLD AVE UNIT #4 NAPLES, FL 34104 US	
2. Principal Place of Business - No P.O. Box # 890 Nottingham Dr. Suite, Apt. #, etc.		3. Mailing Address 890 Nottingham Dr. Suite, Apt. #, etc.	
City & State Naples, FL Zip 34109 Country		City & State Naples FL Zip 34109 Country	
4. FEI Number 59-2076176		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAULICH III, JOHN PAULICH, SLACK & WOLFF 2150 GOODLETTE ROAD, 6TH FLOOR NAPLES, FL 34102		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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SONDERMAN, DIANA A 890 NOTTINGHAM DR NAPLES, FL 34109 <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 SONDERMAN, KENNETH A 890 NOTTINGHAM DR NAPLES, FL 34109 <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 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: <u>Diana Sonderman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-12-2007</u> Daytime Phone # <u>239-597-2548</u>	