2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2007 08:00 All Secretary of State DOCUMENT # F28941 1. Entity Name E & B HEATING & AIR CONDITIONING, INC. Mailing Address Principal Place of Business 868 BLOUNTSTOWN HIGHWAY 868 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2091342 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BARINEAU, TERRY G Street Address (P.O. Box Number is Not Acceptable) 180 ROZENA LOOP HAVANA FL 32333 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 agont. SIGNATURE Signature, typed or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change Addition BARINEAU, TERRY G NAMI NAME 180 ROZENA LOOP STREET ADDRESS STREET ADDRESS HAVANA FL 32333 CITY-ST-7IP CITY - ST - ZIP ☐ Deleie TITLE TITLE Change ☐ Addition BARINEAU, T ALVIN NAME NAME 47 ROZENA LOOP STREET ADDRESS STREET ADDRESS HAVANA FL 32333 CITY-ST-ZIP CITY-ST-ZIP VD HILE ☐ Delete TITLE ☐ Change Addition SMITH, MICHAEL W NAME 8677 ALEXANDRITE COURT STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32309 CITY-ST-7IP CITY - \$3 - 71P STD U00000722602^{Change} Add 05/02/07-80038-015 150.00 TITU: ☐ Delete TITLE BARINEAU, SYLVIA J NAME 180 ROZENA LOOP STRILL ADDRESS STREET ADDRESS HAVANA FL 32333 CJIY - SI - 7IP CITY-ST-ZIP TITLE Delete Change Addilion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-SI-ZIP CITY - ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED