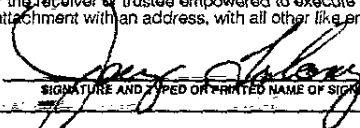


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F35263 1. Entity Name COMFORT COOLING OF PERRY, INC.		
Principal Place of Business 1876 OLD DIXIE HWY SOUTH PERRY, FL 32348	Mailing Address 1876 OLD DIXIE HWY SOUTH PERRY, FL 32348	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, MICHAEL S 107 EAST GREEN STREET, P.O. DRAWER 579 PERRY, FL 32347		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 _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000346894 04/30/05-80098-015 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST FALANY, JOEY C IRA SMITH ROAD SHADY GROVE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FALANY, JOEY C IRA SMITH ROAD SHADY GROVE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ONDASH, CARL A 4690 IRA SMITH ROAD GREENVILLE, FL 32331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JOEY C. FALANY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-27-05 Date (850) 584-4774 Daytime Phone #