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	Mailing Address
1876 OLD DIXIE HWY SOUTH PERRY, FL 32348	1876 OLD DIXIE HWY SOUTH PERRY, FL 32348

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2096187
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, MICHAEL S
107 EAST GREEN STREET, P.O. DRAWER 579
PERRY, FL 32347

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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, 2005 Fee will be $550.00

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

U00000346394
04/30/05-80098-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	FALANY, JOEY C
STREET ADDRESS	IRA SMITH ROAD
CITY-ST-ZIP	SHADY GROVE, FL
TITLE	D
NAME	FALANY, JOEY C
STREET ADDRESS	IRA SMITH ROAD
CITY-ST-ZIP	SHADY GROVE, FL
TITLE	VP
NAME	ONDASH, CARL A
STREET ADDRESS	4690 IRA SMITH ROAD
CITY-ST-ZIP	GREENVILLE, FL 32331
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 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 JOEY C. FALANY 04-27-05 (850) 584-4774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #