


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90170 039 \*\*\*150.00

<b>DOCUMENT # F50774</b> 1. Entity Name <b>GREEN HEATING &amp; AIR CONDITIONING INC.</b>					
Principal Place of Business <b>% EDWARD D. GREEN</b> <b>528 CLAUDE STREET</b> <b>JACKSONVILLE, FL 32204</b>			Mailing Address <b>% EDWARD D. GREEN</b> <b>528 CLAUDE STREET</b> <b>JACKSONVILLE, FL 32204</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2146797</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREEN, EDWARD D.</b> <b>1366 EDGEWOOD AVENUE, SOUTH</b> <b>JACKSONVILLE, FL 32205</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, CHARLES D.		NAME		
STREET ADDRESS	8621 ROYAL WOOD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL <del>00000</del> <b>32256</b>		CITY - ST - ZIP		
TITLE	PST		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, EDWARD D		NAME		
STREET ADDRESS	1366 EDGEWOOD AVE SOUTH		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL <b>32205</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 <i>Edward D. Green</i> <b>EDWARD D. GREEN</b>			Date <b>4/11/07</b> Daytime Phone # <b>904.3886472</b>		