2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2008 08:00 All Secretary of State DOCUMENT # F50774 1. Entity Name **GREEN HEATING & AIR CONDITIONING INC.** Principal Place of Business Mailing Address % EDWARD D. GREEN % EDWARD D. GREEN **528 CLAUDE STREET** 528 CLAUDE STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 No Chg-P CR2E034 (11/05) 03282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2146797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, EDWARD D. DO NOT WRITE 1366 EDGEWOOD AVENUE, SOUTH JACKSONVILLE, FL 32205 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 U00000899219 04/28/08-80030-013 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 3.1117 VD NAME GREEN, CHARLES D. 8621 ROYAL WOOD DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 PST GREEN, EDWARD D NAME STREET ADDRESS 1366 EDGEWOOD AVE SOUTH CITY-ST-ZIP JACKSONVILLE, FL 32205 TITLE NAME STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THERE HE BOULTED NAME OF SIGNAL OFFICER OF OUR

4/11/08

904. 3886 472

FILED

Daytime Phone #