2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F92264

1. Entity Name
SUNSHINE HEATING & AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
1606 ABER RD ORLANDO, FL 32807	1606 ABER RD ORLANDO, FL 32807

04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2210227
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTINGLY, ROBERT OR RUGGLES, WESLEY
1606 ABER ROAD
ORLANDO, FL 32807

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MATTINGLY, ROBERT C.
STREET ADDRESS	750 ROBIN LANE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VTD
NAME	RUGGLES, A. WESLEY
STREET ADDRESS	2715 ABBEY AVENUE
CITY-ST-ZIP	ORLANDO, FL 32833
TITLE	S
NAME	MATTINGLY, ELIZABETH
STREET ADDRESS	750 ROBIN LANE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	T
NAME	RUGGLES, JUDY
STREET ADDRESS	2715 ABBEY AVE.
CITY-ST-ZIP	ORLANDO, FL 32833
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80069-006 150.00

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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: R MATTINGLY PD 4/19/07 407 282 6885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #