2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 08:00 AM **DOCUMENT # G07089** Secretary of State CULVERSON HEATING, AIR AND APPLIANCE SERVICE, INC. Principal Place of Business Mailing Address 632 RICH BAY RD 632 RICH BAY RD HAVANA, FL 32333 HAVANA, FL 32333 No Chg-P CR2E034 (11/05) 03142007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2288063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CULVERSON, MARVIN L. DO NOT WRITE 652 RICH BAY ROAD HAVANA, FL 32333 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PT CULVERSON, MARVIN L. NAME STREET ADDRESS 632 RICH BAY RD CITY-ST-ZIP HAVANA, FL U00000671451 03/28/07-80028-018 150.00 VΡ CULVERSON, CHARLOTTE J. STREET ADDRESS 632 RICH BAY RD CITY-ST-ZIP HAVANA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mario L. T. While Down or Blanch of Standard Confidence of Director

3/16/07

850)539-5366