## 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # G07089 1. Entity Name CULVERSON HEATING, AIR AND APPLIANCE SERVICE, INC. Principal Place of Business 632 RICH BAY RD HAVANA, FL 32333 HAVANA, FL 32333

FILED Jan 17, 2008 08:00 AM Secretary of State

TAVANA, FL 32333		
DO NOT WRITE IN THIS SPA	01162008 No Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent	T T	
CULVERSON, MARVIN L. 652 RICH BAY ROAD HAVANA, FL 32333	DO NOT WRITE 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. If 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 renotating)  DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.	Added to Fees 01/18/08-80011-002 150.00	
10. OFFICERS AND DIRECTORS  TITLE PT  NAME CULVERSON, MARVIN L.  STREET ADDRESS 632 RICH BAY RD  HAVANA, FL  TITLE VP  NAME CULVERSON, CHARLOTTE J.  STREET ADDRESS 632 RICH BAY RD  CITY-ST-ZIP HAVANA, FL  TITLE  TITLE		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE		
NAME .		

12. I hereby certify that the information supplied with this filling 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:** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #