2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # H48750** 1. Entity Name GROSSMANN AIR CONDITIONING, INC. Principal Place of Business Mailing Address 10223 SE LENNARD RD 10223 SE LENNARD RD PORT SAINT LUCIE, FL 34952 PORT SAINT LUCIE, FL 34952 US 03122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2522478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GROSSMANN, JEFFREY V. DO NOT WRITE 2855 SE PERU STREET PT. ST. LUCIE, FL 34984 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. Signature, typed or ported name of represent agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GROSSMANN, JEFFREY STREET ADDRESS 2855 SE PERU ST CITY-ST-ZIP PT. ST. LUCIE, FL 34984 HODDONARDAZS 04/02/08-80083-020 150.00 TITLE GROSSMAN, PAULA NAME STREET ADDRESS 2855 SE PERU ST CITY-ST-ZIP PT. ST. LUCIE, FL. 34984 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 11 --STREET ADDRESS CITY-ST-ZIP . -

12. Thereby 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 pecever 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-12-08

172-398-9725

FILED

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