2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 09, 2006 08:00 AM **DOCUMENT # J07910 Secretary of State** J & M HEATING AND COOLING, INC. _Mailing Address Principal Place of Business 5171 TROTT CIRCLE 5171 TROTT CIRCLE NORTH PORT, FL 34287 NORTH PORT, FL 34287 03032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2635854 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERT G. PIERCE DO NOT WRITE 5171 TROTT CIRCLE NORTH PORT, FL 34287 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11000000461147 10. 03/20/06-80036-018 150.00 TITLE ROBERT G PIERCE NAME 5171 TROTT CIRCLE STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34287 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS COTY-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

941-426-5005

3/6/06