


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90056 023 ***150.00

DOCUMENT # J61324			
1. Entity Name CARDWELL'S AIR CONDITIONING & HEATING, INC.			
Principal Place of Business 19800 VETERANS BLVD UNIT D-1 PORT CHARLOTTE, FL 33954		Mailing Address 19800 VETERANS BLVD UNIT D-1 PORT CHARLOTTE, FL 33954	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>19800 Veterans Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Unit D-2</i>	
City & State		City & State <i>Port Charlotte, Fla</i>	
Zip	Country	Zip	Country
<i>33954</i>		<i>Charlotte</i>	
4. FEI Number 59-2785941		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDWELL, STEVE D 392 VANNELL STREET PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDWELL, STEVE DELTON	NAME	
STREET ADDRESS	392 VANNELL STREET	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIER, CAROL M	NAME	
STREET ADDRESS	355 KLEIER LOOP	STREET ADDRESS	
CITY-ST-ZIP	SEYMOUR, MO 65746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Steve Cardwell</i>		Date: <i>3-2-2007</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	