


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J61324**  
 1. Entity Name  
**CARDWELL'S AIR CONDITIONING & HEATING, INC.**



Principal Place of Business <b>19800 VETERANS BLVD          UNIT D-1          PORT CHARLOTTE, FL 33954</b>	Mailing Address <b>19800 VETERANS BLVD          UNIT D-2          PORT CHARLOTTE, FL 33954</b>
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2785941</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CARDWELL, STEVE D  
 392 VANNELL STREET  
 PORT CHARLOTTE, FL 33952**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U000000830003  
 02/26/08-80086-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDWELL, STEVE DELTON 392 VANNELL STREET PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIER, CAROL M 355 KLEIER LOOP SEYMOUR, MO 65748
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**DO NOT WRITE IN THIS SPACE**

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:** Steve Cardwell Steve Cardwell 2-15-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #