2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90342 049 ***150.00

DOCUMENT # J66866

1. Entity Name
BENTZ AIR CONDITIONING & APPLIANCES, INC.

Principal Place of Business	Mailing Address
% STANLEY PAT BENTZ 15 OBSERVATION ~~AVENUE~~ Street LAKE PLACID, FL 33852	% STANLEY PAT BENTZ 15 OBSERVATION ~~AVENUE~~ STREET LAKE PLACID, FL 33852

03252008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 15 Observation St	Suite, Apt. #, etc. 15 Observation St
City & State Lake Placid, FL	City & State Lake Placid, FL
Zip 33852 Country	Zip 33852 Country

4. FEI Number
59-2637617
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENTZ, STANLEY PAT
15 OBSERVATION ~~AVE~~ ST
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15 Observation St

City: Lake Placid **FL** Zip Code: 33852

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: Carol J. Bentz
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BENTZ, STANLEY PAT		NAME		
STREET ADDRESS	2843 MEADOWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BENTZ, CAROL J.		NAME		
STREET ADDRESS	2843 MEADOWWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BENTZ, CHARLES J.		NAME		
STREET ADDRESS	143 ALDERMAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #