

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66995

FILED
Apr 12, 2007
Secretary of State

Entity Name: NORTHEAST FLORIDA HEATING AND AIR, INC.

Current Principal Place of Business:

541 PERMENTO AVE
JACKSONVILLE, FL 32220

New Principal Place of Business:

541 PERMENTO AVE S.
JACKSONVILLE, FL 32220

Current Mailing Address:

PO BOX 60533
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 59-2806020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTERMAN, LEONARD M
9116 CYPRESS GREEN DR
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WADE, JOHN
Address: 237 SPARROW BRANCH CIR
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: KELLY, MICHAEL A
Address: 195A ROSCOE BLVD S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F WADE, III

PRES

04/12/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date