## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J78838

FILED May 01, 2007 Secretary of State

Entity Name: ABLE AIR CONDITIONING & REFRIGERATION, INC.

Current P	rincipal Place	e of Business:	New Principal Place	of Business:
	335594001			
Current Mailing Address:		New Mailing Address:		
PO BOX 1 LUTZ, FL				
FEI Number	: 59-2828809	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
2506 MOE	AT, GARY L. BILAIRE DR. 33559 US			
LUTZ, FL	33339 00			
The above		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
The above	e named entity e of Florida. RE:			ed office or registered agent, or both,
The above in the Stat	e named entity e of Florida. RE:	submits this statement for the pair		ed office or registered agent, or both,  Date
The above in the Stat SIGNATU	e named entity e of Florida. RE: Electron ace with s. 607.19	nic Signature of Registered Ag	ent	
The above in the Stat SIGNATU In accordar Election Ca	e named entity e of Florida. RE: Electron ace with s. 607.19	nic Signature of Registered Ag (3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ent ot receive the prior notice.	
The above in the Stat SIGNATU In accordar Election Ca	e named entity e of Florida.  RE: Electror nce with s. 607.19 mpaign Financin S AND DIREC	nic Signature of Registered Agr (3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ). (TORS: ) Delete ARY LEE,	ent ot receive the prior notice.	Date
The above in the Stat SIGNATU In accordar Election Ca OFFICER Title: Name: Address:	e named entity of e of Florida.  RE: Electronice with s. 607.19 mpaign Financing S AND DIREC  PD (CALLICOAT, GC 2506 MOBILAII LUTZ, FL	nic Signature of Registered Ag. 13(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ). TORS:  ) Delete ARY LEE, RE DR  ) Delete USAN C.,	ent of receive the prior notice.  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN CALLICOAT VP 05/01/2007