

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 042 ***558.75

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07082008 Chg-P CR2E034 (12/06)

DOCUMENT # K43817			
1. Entity Name LEMON BAY HEATING & COOLING, INC.			
Principal Place of Business 2225 MELODY RD ENGLEWOOD, FL 34223 US		Mailing Address 2225 MELODY RD ENGLEWOOD, FL 34223 US	
2. Principal Place of Business - No P.O. Box # 121 McCall Rd. N.		3. Mailing Address 121 McCall Rd. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Englewood FL		City & State Englewood FL	
4. FEI Number 65-0094877		Applied For Not Applicable	
Zip 34223		Country U.S.	
Zip 34223		Country U.S.	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOOKER, JAMES F 2225 MELODY RD ENGLEWOOD, FL 34223		7. Name and Address of New Registered Agent Name TOOKER, JAMES F. Street Address (P.O. Box Number is Not Acceptable) 121 McCall Rd. N. Englewood FL 34223 City Englewood FL Zip Code 34223	
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 		JAMES F. TOOKER 7-8-08	
Signatures, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEB IS \$550.00 Due by September 12, 2008		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 D Delete <input checked="" type="checkbox"/>	TOOKER, JAMES F. 2225 MELODY RD ENGLEWOOD, FL	TITLE D - President Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	TOOKER, JAMES F. 121 McCall Rd. N. Englewood, FL 34223
TITLE S Delete <input checked="" type="checkbox"/>	TOOKER, CATHY L 2225 MELODY RD ENGLEWOOD, FL	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: 		7-8-08 941-474-6092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	