

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90242 049 \*\*\*\*50.00

<b>DOCUMENT # L05000028830</b> 1. Entity Name <b>CHUCK HAWES HEATING AIR CONDITIONING &amp; REFRIGERATION LLC</b>																																									
Principal Place of Business <b>576 CR 783 WEBSTER, FL 33597</b>			Mailing Address <b>576 CR 783 WEBSTER, FL 33597</b>																																						
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip	Country	Zip	Country																																						
6. Name and Address of Current Registered Agent <b>SEM BOWER</b> <b>GEURBOWER, WILLIAM</b> <b>880 N MAIN ST.</b> <b>BUSHNELL, FL 33513</b>				7. Name and Address of New Registered Agent Name <b>William Sembower</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code																																					
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 <u><i>William Sembower</i></u> (NOTE: Registered Agent signature required when renewing) DATE																																									
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> <b>MGR MGRM</b>  <b>HAWES, CHARLES</b>  <b>576 CR 783</b>  <b>WEBSTER, FL 33597</b> </td> <td style="width: 10%; text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MGRM</b> <b>HAWES, CHARLES</b> <b>576 CR 783</b> <b>WEBSTER, FL 33597</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; padding: 2px;"> <b>MGRM</b>  <b>Charles Hawes</b>  <b>576 CR 783</b>  <b>Webster, FL 33597</b> </td> <td style="width: 10%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Charles Hawes</b> <b>576 CR 783</b> <b>Webster, FL 33597</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																									
SIGNATURE: <u><i>Charles Hawes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				(352) 793-9607 <small>Date Daytime Phone #</small>																																					

**30011499**



05092006 Chg-LLC CR2E083 (11/05)

4. FEI Number **25-1913587** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

STATE  
CERTIFIED

ATTACHMENT  
CHUCK  
**HAWES**  
HEATING/AIR CONDITIONING  
AND  
REFRIGERATION, LLC  
352-793-9607

LIC.#  
CAC1814586

30011499  
#LO5000028830

Dear Sir,

I am returning the requested 2006 Limited Liability Company Annual Report form with the appropriate corrections. The two corrections include: (1) a correction in the spelling of my accountant's last name in section #6 along with his signature in section #8 and (2) a correction to the "title" of myself in section #9 which now should read : MGRM , due to the fact I solely own and manage this company myself. I repeated this second correction in section #10 to insure the change of my "title".

Please record the needed corrections and contact me if there is any further questions regarding the Annual Report for my company .

Thank in advance,  
Charles Hawes

