2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L09270

1. Entity Name
A DELUXE AIR CONDITIONING & HEATING, INC.

Principal Place of Business	Mailing Address
11700 NW 14TH ST. PLANTATION, FL 33323-2412	11700 NW 14TH ST. PLANTATION, FL 33323-2412

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0143129	Not Applicable

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

6. Name and Address of Current Registered Agent

VILLAGIO, VITO
11700 NW 14TH ST.
PLANTATION, FL 33323-2412

DO NOT WRITE IN THIS SPACE

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 _____

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000579972 01/10/07-80029--002 158.75

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	VILLAGIO, VITO
STREET ADDRESS	11700 NW 14 ST.
CITY-ST-ZIP	PLANTATION, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   1/5/07   954-475-5120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #