2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 21, 2008 08:00 A Secretary of State DOCUMENT # L22786 1. Entity Name REGAL AIR CONDITIONING AND HEATING, INC. Principal Place of Business Mailing Address 2908 FIELDCREST CT % CARLOS GONZALEZ ORLANDO FL 32839 US 4614 CALENDULA DR ORLANDO FL 32839-3117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number City & State City & State Applied For 59-2974242 Not Applicable Zip Zφ Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, CARLOS Street Address (P.O. Box Number is Not Acceptable) 4614 CALENDULA DR ORLANDO FL 32809 City 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or mined reans) of egyptomorphisms and site. I applications (NOTE: Registered Apertia displant regulated when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition IGLESIAS, TOMAS NAME NAME U00000912268 05/07/08-80074-014 150.90 STREET ADDRESS 2908 FIELDCREST COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TIT: F ☐ Derete TITLE Change Addition NAME IGLESIAS, GLADYS NAME STREET ADDRESS 2908 FIELDCREST COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-2IP TITLE ☐ Derete TITLE Change Addition NAMÉ HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TII F Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST- 7IP DEE ☐ Deiete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-S1-ZH TITLE Doiete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Offy ST-ZIP CITY-ST ZIP 12. If hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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.