2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52424

Address:

City-St-Zip:

P O BOX 520

BELLEVIEW, FL 34421 US

FILED Feb 12, 2007 Secretary of State

Entity Name: BELLEVIEW HEATING & AIR, INC.					
Current Principal Place of Business:				New Principal Place of Business:	
P.O. BOX 5 BELLEVIEV	520 W, FL 32620			3091 SE 112TH STREET BELLEVIEW, FL 34420	
Current Mailing Address:				New Mailing Address:	
P.O. BOX 5 BELLEVIEV	520 W, FL 34421	US			
FEI Number:	59-2992116	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
FOWLER, SHERRY L 3091 SE 112 STREET BELLEVIEW, FL 34491 US				FOWLER, SHERRY L 3091 SE 112 STREET BELLEVIEW, FL 34421	US
The above in the State		ubmits this statement for the pu	ırpose of	f changing its registered of	ffice or registered agent, or both,
SIGNATURE:					02/12/2007
Electronic Signature of Registered Agent					Date
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () KITZMILLER, LE 3075 S.E. 112TH BELLEVIEW, FL	H STREET		Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	SEC () KITZMILLER, DA 3075 S.E. 112TH BELLEVIEW, FL	H STREET		Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	CEO () FOWLER, SHEF P.O. BOX 520 BELLEVIEW, FL			Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name:	VP () FOWLER, DARF	Delete REN P		Title: () Name:	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: SHERRY FOWLER MRS 02/12/2007