2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 07, 2007 08:00 AN Secretary of State DOCUMENT # L61853 1. Entity Name FYE'S AIR CONDITIONING & REFRIGERATION, INC. Principal Place of Business Mailing Address 1226 7TH AVE 1226 7TH AVE APT. "A" VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3003142 Not Applicable Zıp Zıp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo FYE, GEORGE C. Street Address (P.O. Box Number is Not Acceptable) 1226 7TH AVENUE VERO BEACH FL 32960 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition THE ☐ Delete TITLE FYE, GEORGE C. NAME NAMI **UQ**00000626376 1226 7TH AVENUE STREET ADDRESS STREET ADDRESS 02/15/07-80018-002 150.00 VERO BEACH FL CHY-S1-ZIP CITY-ST-7IP Addition ☐ Change HIRE ☐ Delele FYE, CONNIE R. NAMI NAM 1226 7TH AVENUE STRUCT ADDRESS STREET ADDRESS VERO BEACH FL CHY-ST-ZIP CITY-ST-7/P Change ■ Addition 100 ☐ Delete THEF NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-\$1-7/9 CITY-ST-ZIP ☐ Change Addition Delete TITLE 100. NAMI NAM STREET ADDRESS STREET ADDRESS CHY+S1-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition THE 11711 NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE ☐ Delete TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 early 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 Statutos; 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:

SIGNATUR