2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2008 08:00 AM Secretary of State DOCUMENT # L61853 1. Entity Namo FYE'S AIR CONDITIONING & REFRIGERATION, INC. Principal Place of Business Mailing Address 1226 7TH AVE APT. "A" VERO BEACH FL 32960 1226 7TH AVE VERO BEACH FL 32960 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3003142 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Dasired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FYE, GEORGE C. Street Address (P.O. Box Number is Not Acceptable) 1226 7TH AVENUE VERO BEACH FL 32960 Zipi 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 connect hanks of reunstrood resert and bue if applicable. (NOTE: Registered Agerit agniture required when reinstnur gr DATE file NOW!!! FEE IS \$150.00 科克斯特 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Detete ☐ Change Addition NAME FYE, GEORGE C. NAME STREET ADDRESS 1226 7TH AVENUE STREET ADDRESS CITY-ST-ZI2 VERO BEACH FL CITY-ST-ZIP TITLE Der**e**te 1100000817519 TITLE □ Change Addition 02/15/08-80006-001 150.00 FYE, CONNIE R. NAME NAME STREET ADDRESS 1226 7TH AVENUE STREET ADDRESS CITY-ST-719 VERO BEACH FL CHY-ST-ZIP TITLE ☐ Derete ☐ Change Addition MALS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP 11116 De'ete THE ☐ Change ☐ Addition NAME NAME STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change Addition МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY - ST - ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAM! NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing 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 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:

SIGNATURE TO THE OR PRINTED HAVE OF SIGNATURE OF