2008 FOR PROFIT CORPORATION

Apr 18, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M88803 1. Entity Name 04-18-2008 90035 045 ***150.00 ELLIS HEATING AND COOLING, INC. Principal Place of Business Mailing Address 3615 CENTRY BLVD 2101 DEER BROOKE DR #4A LAKELAND, FL 33811 LAKELAND, FL 33811 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2101 Deer Brook pr -101 Deer Brooke Ar Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Lekelewo 59-2953379 skelend Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired POLK Fee Required POLK 33811 <u> 33 811</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, ROSENGELA Street Address (P.O. Box Number is Not Acceptable) 2101 DEER BROOKE DR LAKELAND, FL 33811 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME BLACKBURN, WILLIAM E. NAME STREET ADDRESS 2101 DEER BROOKE DR. STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-7IP D TITLE ☐ Delete TITLE ☐ Change ■ Addition JONES, ROSANGELA NAME NAME STREET ADDRESS 2101 DEER BROOKE DR. STREET ADDRESS CiTY-ST-7IP LAKELAND, FL 33811 CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ☐ Addition BLACKBURN, DAVID NAME NAME STREET ADDRESS 1930 W SOCRUM LOOP STREET ADDRESS CITY-ST-ZIP LAKELAND, FL CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

FILED

☐ Change

☐ Addition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TIT! F

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPET OR PRINTED NAME OF SIGNING OFF WILLIAM F. Blackburn H 15 08 Daytime Phone #