


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007206 1. Entity Name RHEEM TEAM DEALERS OF SOUTHWEST FLORIDA, INC.	
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Principal Place of Business 3727 ENTERPRISE AVE NAPLES, FL 34104	Mailing Address 3727 ENTERPRISE AVE NAPLES, FL 34104
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04272006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3694109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACKSON, PAUL D
3727 ENTERPRISE AVE
NAPLES, FL 34104

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSON, PAUL D 3727 ENTERPRISE AVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, JOHN 93A MILDRED DRIVE FT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERIICK, WILLIAM S 606 CENTER ROAD FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AUGER, DAVID K 1020 PINE ISLAND RD STE 107 CAPE CORAL, FL 33915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLALOCK, THOMAS 1027 SE 12 CT CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, RON 606 CENTER ROAD FT MYERS, FL 33907

U00000550410
05/13/06-80058-019 61.25

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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 617, 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: Paul D Jackson **TREAS** 4-27-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #