2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020335

CASE, CATHY

1651 UNDERWOOD AVE

SAINT CLOUD, FL 34771

Name: Address:

City-St-Zip:

Entity Names MARTHIC COOLING STIEST

FILED Apr 11, 2007 Secretary of State

Entity Name: MATHIS COOLING & HEATING, INC. **Current Principal Place of Business: New Principal Place of Business:** 1855 MATHIS RD. ST. CLOUD, FL 34771 **Current Mailing Address: New Mailing Address:** P.O. BOX 700916 SAINT CLOUD, FL 347700916 FEI Number: 59-3625614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COFFEY, CYNTHIA COFFEY, CYNTHIA K D 1855 MATHIS RD. 1855 MATHIS RD. ST. CLOUD, FL 34771 US ST. CLOUD, FL 34771 US 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. SIGNATURE: CYNTHIA K COFFEY 04/11/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COFFEY, JAMES P Name: Name: 1855 MATHIS RD. Address: Address: City-St-Zip: ST. CLOUD, FL 34771 City-St-Zip: Title: Title: () Delete () Change () Addition Name: COFFEY, CYNTHIA Name: 1855 MATHIS RD. Address: Address: ST. CLOUD, FL 34771 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CASE, KIM G Name: Name: 1651 UNDERWOOD AVE Address: Address: City-St-Zip: SAINT CLOUD, FL 34771 City-St-Zip: Title: () Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA K COFFEY D 04/11/2007