

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90020 042 \*\*\*558.75

**DOCUMENT # P00000029706**

1. Entity Name  
**DIRECT HEATING & COOLING, INC.**



Principal Place of Business  
**PARK 720 NE 25TH AVENUE  
#22  
CAPE CORAL, FL 33909**

Mailing Address  
**PARK 720 NE 25TH AVENUE  
#22  
CAPE CORAL, FL 33909**

**40109857**



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0993000**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FOX-LERNER, MITZIE  
720 NE 25TH AVENUE  
SUITE 22  
CAPE CORAL, FL 33909**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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  
**PSTD  
FOX-LERNER, MITZIE  
4107 SOUTHWEST 20TH AVENUE  
CAPE CORAL, FL 33914**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**VP  
Miller, Kevin J.  
1707 SW 43rd Terrace  
CAPE CORAL, FL 33914**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/3/08**

Date

**239.242.2430**

Daytime Phone #