

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90013 013 \*\*\*150.00

<b>DOCUMENT # P01000001165</b> 1. Entity Name <b>HVAC SERVICES, INC.</b>					
Principal Place of Business <b>518 NORTH G STREET LAKE WORTH, FL 33460</b>			Mailing Address <b>518 NORTH G STREET LAKE WORTH, FL 33460</b>		
2. Principal Place of Business - No P.O. Box # <b>15900 Boeing Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>15900 Boeing Court</b> Suite, Apt. #, etc.			
City & State <b>Wellington, Florida</b> Zip <b>33414</b> Country <b>US</b>		City & State <b>Wellington, Florida</b> Zip <b>33414</b> Country <b>US</b>		4. FEI Number <b>65-1070598</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCGOEY, MICHAEL J 639 EAST OCEAN AVE #101 BOYNTON BEACH, FL 33435</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2008</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BALOGH, ANDREW E 518 NORTH G STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15900 Boeing Court Wellington, FL 33414	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 11, as applicable, 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			Date: <b>4/4/08</b> Daytime Phone #: <b>561-790-4390</b>		