

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90008 033 ***150.00

DOCUMENT # P01000032941					
1. Entity Name ANDERSON'S HEATING & AIR CONDITIONING OF NORTHWEST FL, INC.					
Principal Place of Business 1582 GARRETT MILL RD. BAKER, FL 32531			Mailing Address 1582 GARRETT MILL RD. BAKER, FL 32531		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1020 South Fernon Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CRESTVIEW, FL		4. FEI Number 59-3706951	
Zip		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, FRED R 1582 GARRETT MILL RD BAKER, FL 32531		7. Name and Address of New Registered Agent Name: WELTON & WILLIAMSON, LLC Street Address (P.O. Box Number is Not Acceptable): 1020 South Fernon Blvd. City: CRESTVIEW FL Zip Code: 32536			
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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ANDERSON, FRED R 1110 TALMON LANE BAKER, FL 32531		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 			2-5-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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