

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000072666

FILED
May 18, 2006
Secretary of State

Entity Name: CLIMATE CONTROL MECHANICAL SERVICES, INC.

Current Principal Place of Business:

737 S.W. 57TH AVE.
OCALA, FL 34474

New Principal Place of Business:

2916 NE JACKSONVILLE ROAD
SUITE B
OCALA, FL 34479

Current Mailing Address:

737 S.W. 57TH AVE.
OCALA, FL 34474

New Mailing Address:

P.O. BOX 3038
OCALA, FL 34478

FEI Number: 59-3740395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, LOUIE F JR.
737 S.W. 57TH AVE.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

WISE, LOUIE F III
2916 NE JACKSONVILLE ROAD
SUITE B
OCALA, FL 34479 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: LOUIE F. WISE, III

05/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISE, LOUIE F JR.
Address: 737 S.W. 57TH AVE.
City-St-Zip: OCALA, FL 34474

Title: STD (X) Delete
Name: WISE, LOUIE F III
Address: 737 S.W. 57TH AVE.
City-St-Zip: OCALA, FL 34474

Title: VD () Delete
Name: PROPPER, LOREN
Address: 737 S.W. 57TH AVE.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WISE, LOUIE F III
Address: P.O. BOX 3038
City-St-Zip: OCALA, FL 34478

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PROPPER, LOREN
Address: P.O. BOX 3038
City-St-Zip: OCALA, FL 34478

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.

SIGNATURE: LOUIE F. WISE, III

PD

05/18/2006

Electronic Signature of Signing Officer or Director

Date