


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90094 044 \*\*\*150.00

**DOCUMENT # P0100085025**

1. Entity Name  
**AIR ADVANTAGE HEATING AND COOLING, INC.**



Principal Place of Business      Mailing Address  
**2170 ANDREA LANE**      **2170 ANDREA LANE**  
**#4**      **#4**  
**FORT MYERS, FL 33912 US**      **FORT MYERS, FL 33912 US**

40113601



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5611 2<sup>nd</sup> St West**      **5611 and st West**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04202007      Chg-P      CR2E034 (12/06)

City & State      City & State  
**Lehigh Acres, FL**      **Lehigh Acres, FL**

4. FEI Number      Applied For  
**65-1139377**      Not Applicable

Zip      Country      Zip      Country  
**33971**      **Lee**      **33971**      **Lee**

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

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

**BRAMHELL, SCOTT**  
**12403 PEBBLE STONE CT**  
**FORT MYERS, FL 33912**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMHALL, SCOTT C	NAME	
STREET ADDRESS	12403 PEBBLE STONE CT	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAL, RAY S	NAME	
STREET ADDRESS	3902 38TH STREET SW	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *A. Baker*      Date: 5-11-2007      Daytime Phone # \_\_\_\_\_