

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000087634

1. Entity Name
CROSSMAN HEATING & AIR CONDITIONING INC.



Principal Place of Business
1505 HILLCREST DR
LAKE WORTH, FL 33461

Mailing Address
1505 HILLCREST DR
LAKE WORTH, FL 33461

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1141507

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

CROSSMAN, LINDA G
2161 PLAMBEACH LAKES BLVD
#217
WEST PALM BEACH, FL 33409

**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 reissuing)

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	PD
NAME	CROSSMAN, LINDA G
STREET ADDRESS	1505 HILLCREST DR
CITY-STATE-ZIP	LAKE WORTH, FL 33461
TITLE	STD
NAME	CROSSMAN, SCOTT H
STREET ADDRESS	1505 HILLCREST DR
CITY-STATE-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000959824
09/18/08-80001-011 550.00

**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

Date

Daytime Phone #

09/15/08 561-582-5112