

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 31, 2007
Secretary of State**

DOCUMENT# P01000117504

Entity Name: GILLISPIE'S REFRIGERATION AND AIR CONDITIONING, INC.

Current Principal Place of Business:

535 BOST ROAD
WAUCHULA, FL 338734301 US

New Principal Place of Business:

Current Mailing Address:

535 BOST ROAD
WAUCHULA, FL 338734301 US

New Mailing Address:

FEI Number: 65-1157987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLISPIE, MICHAEL E
535 BOST ROAD
WAUCHULA, FL 338734301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GILLISPIE, MICHAEL E
Address: 535 BOST ROAD
City-St-Zip: WAUCHULA, FL 338734301 US

Title: SEC () Delete
Name: GILLISPIE, LYNN M
Address: 535 BOST RD
City-St-Zip: WAUCHULA, FL 338734301 US

Title: TREA () Delete
Name: OWENS, STEPHEN K
Address: 604 W. WHIDDEN AVE.
City-St-Zip: ARCADIA, FL 34266 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GILLISPIE, LYNN M
Address: 535 BOST RD
City-St-Zip: WAUCHULA, FL 338734301 US

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

Title: SEC () Change (X) Addition
Name: GILLISPIE, MARK E
Address: 535 BOST RD.
City-St-Zip: WAUCHULA, FL 33873 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL E. GILLISPIE

DP

05/31/2007

Electronic Signature of Signing Officer or Director

_____ Date