2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2006 08:00 AN DOCUMENT # P02000021024 **Secretary of State** STATEWIDE AIR CONDITIONING, INC. Principal Place of Business Mailing Address 1707 SW 67TH DR 312 SW 2ND ST OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34974 02062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0850785 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent BLAIR, LORI L DO NOT WRITE 1707 SW 6TH DR OKEECHOBEE, FL 34974 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 1 Added to Fees OFFICERS AND DIRECTORS 10, DVST TILE BLAIR, LORI L MAME. STREET ADDRESS 1707 SW 67TH DR CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE 11/10000425899 STREET ADDRESS 02/20/06-80012-011 150.00 CTTY-ST-71P रारा ६ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CTY-57-719 TITLE NAME STREET ADDRESS CITY-ST-719 TITLE NAME STREET ADDRESS CITY-ST-78P

12. I hereby certify that the information supplied with this filling 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 regenter 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 ting like empowered.

SIGNATURE:

THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

·1-06 863.634

Daytime Phone #

FILED