


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 027 ***150.00

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| DOCUMENT # P02000023823 |  |
| 1. Entity Name COURTESY AIR & APPLIANCE, INC. | |

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| Principal Place of Business 160 WEST EVERGREEN ST SUITE 121-A LONGWOOD FL 32750 | Mailing Address 160 WEST EVERGREEN ST SUITE 121-A LONGWOOD FL 32750 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address Courtesy Air & Appliance Inc |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. P.O. BOX 952545 |
| City & State | City & State LAKE MARY FL |
| Zip | Country |
| 32795 | Seminole |

1st MOORE CR2E034 (10/06)

| | |
|---|---|
| 6. Name and Address of Current Registered Agent STUCKEY, WILLIAM A 160 WEST EVERGREEN ST SUITE 121-A LONGWOOD FL 32750 | 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 *W. Stucky* DATE 1-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STUCKEY, WILLIAM A 943 PINE ST. OVIEDO FL 32765 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *W. Stucky* DATE 1-27-07 407-831-7478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #