## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P02000030249  1. Entity Name BECKER AIR CONDITIONING CORP.						04-28-2008 90351 044 ***150.00					
Principal Place of Business Mailing Address											
8950 DR MLK JR ST 1384 - 54TH AVE							•				
SAINT PETERSBURG, FL 33702 SAINT PETERSBURG, FL 3370				3							
l `	Place of Business - No P.O. Box #  17th AVE SOUTH	3. Mailing Address	3. Mailing Address							<b>16</b>	
Suite, Apt.		Suite, Apt. #, etc.				04082008	Chg-P	CR2E03	4 (12/06)		
City & Stat		City & State				4. FEI Number Applied For 14-1880587 Not Applicable					
Zip Country 33707 USA		Zip	гу	5. Certificate of Status De			ed Sequired \$8.75 Additional				
33707 USA 6. Name and Address of Current Registered Agent			<u> </u>		i	7. Name and Address of New Registered Agent					
					Name						
MINEBRENNER, JACK M				Street Address (P.O. Box Number is Not Acceptable)							
SAINT PETERSBURG, FL 33703											
				City					T 7:= Code		
				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											
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS 11.						- ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11	
TITLE	P Delete TITI			· · · · · ·	P					Addition	
NAME Street address	BECKER, PETER		NAME	ET ADDRESS		ID GRIFF 9 - 17th		ı			
CITY-ST-ZIP	- 1 X - · · · · -			ST-ZIP		1709 - 17th AVE SOUTH SULFPORTSELORIDA 33707					
TITLE	s	☐ Delete	TITLE	: 1					☐ Change	Addition	
NAME STREET ADDRESS	BECKER, ERIC		NAME								
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	,	,	NAME	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE					***	☐ Change	Addition	
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CITY-ST-ZIP				-ST-ZIP					,	/	
TITLE		Delete	TITLE	4		<u> </u>			☐ Change	☐ Addition	
NAME STREET ADDRESS	<u>}</u>		NAME STREE	E Et address							
CITY-ST-ZIP				-ST-ZIP		-	•				
12. I hereby	certify that the information supplied with	h this filing does not qualify for	or the exe	emptions co	ontained	l in Chapter 119	Florida Statutes.	1 further certif	y that the ir	nformation	
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 path; that I am an officer or director of the corporation or the receiver or trustee employered 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.											

4/25/08

727/327-1256