


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000048289
1. Entity Name
CLIMATE SYSTEMS COOLING AND HEATING, INC.



Principal Place of Business
**419 NORTH PALM WAY
LAKE WORTH, FL 33460**

Mailing Address
**419 NORTH PALM WAY
LAKE WORTH, FL 33460**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0685230

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CURRAN, JOHN C ESQ.
2200 SOUTH BABCOCK STREET
MELBOURNE, FL 32901**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALCALA, YICSI
STREET ADDRESS	419 NORTH PALM WAY
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	DP
NAME	SIERRA, MARTIZA
STREET ADDRESS	419 NORTH PALM WAY
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	VP
NAME	CURRAN, JAMES B
STREET ADDRESS	419 NORTH PALM WAY
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	S
NAME	WJESTMAN, JACQUELINE M
STREET ADDRESS	2558 SW 12TH STREET
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80110-016 150.00

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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 # _____