

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90047 048 ***150.00

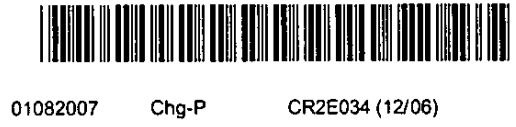


DOCUMENT # P02000074673
 1. Entity Name
 HVAC SUPPLY, INC.

Principal Place of Business Mailing Address
 1035 COLLIER CENTER WAY, STE. #2 1035 COLLIER CENTER WAY
 NAPLES, FL 34110 SUITE #2
 NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 28730 South Cargo Ct. 28730 South Cargo Ct.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Bonita Springs, FL. Bonita Springs, FL.
 Zip Country Zip Country
 34135 USA 34135 USA



01082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
 STANLEY, JAMES M
 2457 DORSET CT.
 NAPLES, FL 34112

4. FEI Number Applied For
 41-2051144 Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STANLEY, JAMES M	
STREET ADDRESS	2457 DORSET CT.	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JAMES M Stanley President Date: 01-08-07 (239) 390-8144 Daytime Phone # _____