2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

01-12-07

ANNUAL REPORT			Socratamy of State
DOCUMENT # P03000 1. Entity Name OWEN HEATING & COOLING,	UMENT # P03000024306		Secretary of State
Principal Place of Business 898 N RIDGEWOOD AVE ORMOND BCH, FL 32174	Mailing Address 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117		
DO NOT WRITE IN THIS SPACE		CE	01082007 No Chg-P CR2E034 (11/05) 4. FEI Number
LOGUIDICE, JOE 1515 RIDGEWOOD AVE STE A HOLLY HILL, FL 32117			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 according to the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. [NOTE Registered Agent software required when rehassing] DATE 9. Election Campaign Financing \$5.00 May Re			
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			
IIILE D NAME OWEN, WILLIAM S STREET ACORESS 898 N RIDGEWOOD AVE CITY-ST-ZIP ORMOND BCH, FL 3217-			
TITLE NAME STREET ADDRESS CTTY- ST-ZIP			U00000608648 02/01/07-80019-001 150.00
TITLE MAME STREET ADDRESS CITY- ST-ZIP			DO NOT WRITE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
 I hereby certify that the information supplindicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an ac 	led with this filing does not qualify for the ex- report is true and accurate and that my signa se empowered to execute this report as requi toress, with all other like empowered.	emptions contained ture shall have the fred by Chapter 607	d in Chapter 119, Florida Statutes, (further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: