2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State
04-23-2008 90026 043 ***150.00

DOCUMENT # P03000050836

1. Entity Name
CTR AIR & HEAT, INC.

Principal Place of Business	Mailing Address
7921 MCELVEY ROAD SUITE A PANAMA CITY BEACH, FL 32408 US	7921 MCELVEY ROAD SUITE A PANAMA CITY BEACH, FL 32408 US

04172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
110 Windridge Ln.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach, FL	City & State
Zip: 32413 Country: USA	Zip Country

4. FEI Number: 65-1185685 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAIGNEAULT, SUZANNE
~~7921 MCELVEY ROAD~~ 110 Windridge Ln.
~~SUITE A~~
PANAMA CITY BEACH, FL ~~32408~~ Panama City Beach, FL 32413

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: Suzanne Daigneault
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	LONGWORTH, DEBORAH		NAME	
STREET ADDRESS	142 TWILIGHT BAY DRIVE		STREET ADDRESS	110 Windridge Ln.
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP	Panama City Beach, FL 32413
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAIGNEAULT, SUZANNE		NAME	
STREET ADDRESS	306 ARGONAUT STREET		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Deborah Longworth 4/17/08 850-234-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #