
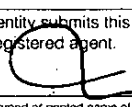


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 031 ***150.00

DOCUMENT # P03000060058 1. Entity Name VAN ZEELAND HEATING & AIR, INC.					
Principal Place of Business 76087 VANZEELANS LANE YULEE, FL 32097			Mailing Address PO BOX 638 YULEE, FL 32041		
2. Principal Place of Business - No P.O. Box # 76087 VAN ZEELAND		3. Mailing Address LANE			
Suite, Apt. #, etc. FL		Suite, Apt. #, etc. FL			
City & State Yulee FL		City & State FL		4. FEI Number 55-0833302	
Zip 32097		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN ZEELAND, KURT H 76087 VANZEELAND LANE YULEE, FL 32097				7. Name and Address of New Registered Agent Name JOE D. JEFFERSON Street Address (P.O. Box Number is Not Acceptable) 5412 Morse Ave. City Jacksonville FL Zip Code 32214	
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  JOE D. JEFFERSON / RA 2/7/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VANZEELAND, KURT H 953 DOVE RD YULEE, FL 32097	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVV TESTA, CATHERINE P.O. BOX 638 YULEE, FL 32041	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 			2-8-07 804-225-5523		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		