## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jun 20, 2006 8:00 am Secretary of State

DOCUMENT # P03000066609  1. Entity Name BAKER & SONS AIR CONDITIONING, INC.						05-05-2006 90183 026 ***150.00			
Principal Place of Business Malling Address				<del></del>		66019930			
8349 EAGLE LAKE DRIVE 8349 EAGLE LAKE D SARASOTA, FL 34241 SARASOTA, FL 3424						00021			
Principal Place of Business									
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Suite, Apt. #, etc.			Suite, Apt. #, etc.		02112006	Chg-P	CR2E034 (11/05	)	
Sarasota, FL			Sarasota, FL		4. FEI Numb		<del></del>	Applied For Not Applicable	
3424	10	Country USA	34240	Country	5. Certificate	e of Status Desired	S8.75 A	dditional red	
Name and Address of Current Registered Agent     Name and Address of New Registered Agent									
BAKER, WILLIAM D					Name				
8349 EÅGLE LAKE DRIVE SARASOTA, FL 34241				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Co	de	
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 acceptable of the objection of the purpose of changing its registered office or registered agent, or both, in the State of Florida.								n, and accept	
the obligations of registered largers.									
SIGNATURE Signature, typed or private name of registered opers and side if applicable. (ANOTE: Registered Agent algorithm required when refreshing)  DATE									
FILE NOWIII FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10. OFFICERS AND DI			DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECTO	RS (N 11	
TITLE	D	ALL LAND D	☐ Delete	TITLE			Ctrange	Addition	
NAME Street Address	BAKER, W	LE LAKE DRIVE		NAME STREET ADDRESS					
CITY-51-ZIP	SARASOT	A, FL 34241		CITY-ST-ZIP					
TITLE NAME	O EU LALIED	BAKER, TERESA	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	I	LE LAKE DRIVE		STREET ADDRESS					
CITY-ST-ZIP	SARASOT	A, FL 34241		CITY-S1-ZIP					
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TITLE HAME STREET ADDRESS		·	☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition	

12. I hereby carify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further carify 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 assessment with an addirect, with all other like empowered.

SIGNATURE:

SIGNATURE: BIONATURE AND TYPED OR PROTTED NAME OF BICKING OFFICER OR DIRECTOR Daytima Phone 8