2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State **DOCUMENT # P03000066609** 02-25-2008 90065 005 ***150.00 BAKER & SONS AIR CONDITIONING, INC. 411032074 Principal Place of Business Mailing Address 164 SARASOTA CENTER BLVD 164 SARASOTA CENTER BLVD SARASOTA, FL 34240 SARASOTA, FL 34240 No Chg-P 01072008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0050054 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAKER, WILLIAM D DO NOT WRITE 8349 EAGLE LAKE DRIVE SARASOTA, FL 34241 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 Fiorida. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BAKER, WILLIAM D STREET ADDRESS 8349 EAGLE LAKE DRIVE CiTY - ST - 7iP SARASOTA, FL 34241 TITLE FILLAUER BAKER, TERESA NAME STREET ADDRESS 8349 EAGLE LAKE DRIVE CITY - ST- ZIP SARASOTA, FL 34241 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME

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 of 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 of the corporation or the sceiver or changed, or on an attachment with

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 25, 2008 8:00 am