

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081933

FILED
Apr 12, 2007
Secretary of State

Entity Name: RICK WATSON'S HEATING & AIR CONDITIONING, INC.

Current Principal Place of Business:

6998 HANGING VINE WAY
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

6998 HANGING VINE WAY
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 01-0792916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, RICK
6998 HANGING VINE WAY
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATSON, RICK
Address: 6998 HANGING VINE WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: V () Delete
Name: WATSON, R. BRETT
Address: 2509 CLARA KEE BLVD
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: WATSON, SHARON
Address: 6998 HANGING VINE WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: WATSON, HUNTER R
Address: 6998 HANGING VINE WAY
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON WATSON

S

04/12/2007

Electronic Signature of Signing Officer or Director

Date