2008 FOR PROFIT CORPORATION

the obligations of registered agent.

changed, or on an attachm

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

SIGNATURÈ

Jul 02, 2008 8:00 am Secretary of State **ANNUAL REPORT** 07-02-2008 90001 035 ***150.00 DOCUMENT # P03000119484 1. Entity Name MCMELEY AIR CONDITIONING, REFRIGERATION & HEATING, INC. Principal Place of Business Mailing Address 1106 WEST OLD HILLSBOROUGH 1106 WEST OLD HILLSBOROUGH SEFFNER, FL 33584 SEFFNER, FL 33584 2. Principal Place of Business - No P.O. Box # 1106 W. OLD HILLS BOROUG IF 3. Mailing Address 1106 W. OLD HILLS BOROUSH Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05232008 Chg-P City & State SEFFNER Applied For City & State 4. FEI Number 85 SEFFNER Not Applicable 20-0351078 Country US A \$8.75 Additional 5. Certificate of Status Desired HX115BOROGER CO. HILLS BORTOUGH COI Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMELEY, JOE J Street Address (P.O. Box Number is Not Acceptable) 1106 W OLD HILLSBOROUGH AVENUE SEFFNER, FL 33584 Zip Code City 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

FILED

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition D TITLE TITLE Delete MCMELEY, JOE JULIUS NAME NAME 1106 WEST OLD HILLSBOROUGH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEFFNER, FL 33584 CITY-ST-ZtP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP 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

(NOTE: Registered Agent signature required when reinstating)