

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000123383 1. Entity Name GENE CLEMENT AIR CONDITIONING, INC.	
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Principal Place of Business 222 DUQUE ROAD LUTZ, FL 33549 US	Mailing Address 222 DUQUE ROAD LUTZ, FL 33549 US
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1208339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLEMENT, GENE A
 222 DUQUE ROAD
 LUTZ, FL 33549

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP CLEMENT, GENE A 222 DUQUE ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEMENT, CINDY K 222 DUQUE ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/26/07-80022-025 150.00

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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: Gene A. Clement 13/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #