2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2007 8:00 am Secretary of State

DOCUMENT # P03000124110 1. Entity Name BECK'S HEATING AND AIR CONDITIONING SERVICE INC					03-28-2007	90007 020 ***150).00	
Principal Place of Business 12501 SPOTTSWOOD DRIVE RIVERVIEW, FL 33569 US		Mailing Address 12501 SPOTTSWOOD DRIVE RIVERVIEW, FL 33569 US		, ,	40043207			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007	1222007 Chg-P CR2E034 (12/06)			
City & State		City & State		4. FEI Numb 20-038	84206 Not Applicable			
Zip	Country	Zip	Country	(of Status Desired	\$8.75 Add Fee Require		
7035 US HWY 301 S RIVERVIEW, FL 33569 Street Address City City City City City City City City					7. Name and Address of New Registered Agent CAR Beck (P.O. Box Number is Not Acceptable) 1 Spotswood Dr 1 (P.V. 184) FL Zip Code 33569			
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 marrier of registered agent and title if applicable (NOTE Registered Agent agreature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete III BECK, FRANK F S 12501 SPOTTSWOOD DR RIVERVIEW, FL 33569					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CHY-SI-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Proper								