## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # P03000126858 1. Entity Name GEORGE DALLER AIR CONDITIONING & HEATING, Principal Place of Business Mailing Address 115 CHEROKEE DRIVE ORMOND BEACH FL'32174 115 CHEROKEE DRIVE ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0366528 Not Applicat: Country Country \$8.75 Additional 5. Certificate of Status Desired UdlusiA Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DALLER, GEORGE 115 CHEROKEE DRIVE ORMOND BEACH FL 32174 Street Address (P.O. Box Number is Not Acceptable) Zip Code 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 access the obligations of registered egent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May F After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS MILE ۵ Detete TITLE ☐ Change ☐ Adding NAME DALLER, GEORGE NAME U00000430920 02/23/06-80008-004 150.00 STREET ADDRESS 115 CHEROKEE DRIVE STHEET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP THEF Datate TITLE Enunge E ☐ #· ' \*\*\* NAME MARKE STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change T Address NAME NAME STREET ADDRESS STREET ADDRESS C)TY-ST-712 City-St-ZIP TITLE TITLE Delete Change Adv."" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE □ Addr Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction of the corporation or the facelver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 1

1/8/06

386-672-982

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED