2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128423

1. Entity Name
SOUTHERN COMFORT CLIMATE CONTROL, INC.

Principal Place of Business	Mailing Address
1067 WINDMILL DR FT WALTON BEACH, FL 32547	1067 WINDMILL DR FT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

03042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
32-0099217	Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LARDER, JAMES
1067 WINDMILL DR
FT WALTON BEACH, FL 32547

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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, 2008 Fee will be $550.00

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

U00000938330
05/27/08-80087-010 158.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LARDER, JAMES
STREET ADDRESS	1067 WINDMILL DR
CITY-ST-ZIP	FT WALTON BEACH, FL 32547
TITLE	VP
NAME	LARDER, RONALD A
STREET ADDRESS	651 OVERBROOK DR.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/26/08   850 863-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #